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Worcestershire County Council

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

OF HEALTH

on the

HEALTH and WELFARE SERVICES

for

THE YEAR 1966





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WORCESTERSHIRE COUNTY COUNCIL

Telephone : Worcester 23400

County Health Department,
Love's Grove,
Castle Street,
Worcester.

To the Chairman, Aldermen and Members of the Worcestershire County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the health services in Worcestershire for the year 1966. This is the 78th annual report to have been published to date in the County and since 1959 has been issued to meet the requirements of the Public Health Officers Regulations.

Statistics :

The estimated population of the administrative County as at the 30th June, 1966 shows a reduction of 35,260 over the previous year. From the 1st of April 1966, under the West Midlands Order, 1965, the Borough of Oldbury was transferred from the County to become an integral part of the new County Borough of Warley. The population of Oldbury, at the time of transfer, was approximately 55,000 and the total loss will be offset quickly by the Droitwich expansion programme and also the Redditch New Town Development. For comparison purposes these changes of population make it difficult to comment on the various statistics which are produced throughout the report. I will, however, briefly mention the following :

The live birth rate per thousand population for Worcestershire has remained constant (17.6) and compares favourably with the national average (17.7). The total number of illegitimate live births in 1965 was 449 whereas the figure for 1966 is 416 so that it would appear that there is no general increase of illegitimacy in Worcestershire bearing in mind the lower population total.

I am pleased to say the infant mortality rate per thousand total live births is 1.9 below the national average. From the body of the report it will be noted that one maternal death occurred during the year.

On looking at the statistical table concerning the notification of infectious diseases it will be seen that the total overall figures for the County were very low compared with previous years. It will be observed that quite a large number of children suffered from measles during the year but the Ministry of Health requests that Authorities should not seek to make arrangements under Section 26 of the National Health Service Act, 1946 to offer measles vaccination. Vaccination against measles is available free of charge under the National Health Service from family doctors for those children whose parents wish them to be protected.

In my previous report I spoke in strong terms of the large numbers of children who remain unprotected against such diseases as poliomyelitis, smallpox and diphtheria. The danger from these diseases still exists and although infection is not so rife as in the days gone by it is absolutely essential that children should be *fully* protected against all these diseases. In my opinion it is just as important for parents to see that their children are properly protected against these infectious diseases as to be concerned about their growth and development.

The Chief Dental Officer in his report indicates that there has been a poor response from nursing and expectant mothers who require dental treatment. This is indeed unfortunate for whilst they may be able to obtain treatment from their own dental practitioner, the Local Health Authority are able to offer prompt facilities, often at times most suitable for mothers. Every endeavour is being made to make the County clinics as attractive as possible and the most modern and expensive types of equipment are being installed.

*Ambulance
Service :*

Full details on this very busy service are given later but I would like to pay tribute to the ambulance radio control staff who are providing a 24 hour service under most difficult circumstances. Their accommodation is grossly inadequate and it is pleasing to record that at the time of writing this report there is every indication that the County Council will be providing shortly most modern and up-to-date offices and accommodation for the ambulance section.

*Care of Mothers
and Young
Children :*

Details are given on a later page of the scheme for the notification of congenital defects which are apparent at birth.

Family planning clinics are now in evidence for the whole of Worcestershire and this voluntary association is indeed most active in its work. The Local Health Authority are only too happy to provide free accommodation and also give financial assistance.

*Midwifery
Service :*

There is still an acute scarcity of midwives, not only in the domiciliary field, but also in hospital and at the present time it is hard to envisage what the future holds. Certainly we are making every endeavour to provide the most up-to-date equipment such as disposable dressings and syringes and also modern apparatus for general anaesthetics.

Throughout most of the year experiments have been carried out in one area on the use of radio control for midwives. The experiment has proved to be a great success and I am hopeful that the service can now be introduced more generally throughout the County during 1967. This is, however, very much linked with the ambulance radio control service and until the men get better accommodation, little headway can be made and therefore I cannot emphasise too strongly comments made previously.

The midwives in the area where the radio experiments have taken place are now able to work to a roster which means that they can enjoy much more freedom of movement with fixed nights "off duty."

*Health Visiting
Service :*

The health visiting service on a national and local level is under very great pressure with the ever increasing load of responsibilities placed upon their services and moreover it is very difficult to recruit health visitors. The health visitor plays a very important part in the community today and must be regarded as a highly competent combined medical and social welfare officer dealing with individual problems as well as group and community difficulties. To some extent the problem has been relieved in the County by employing part-time (often married ladies) clerks in many of the clinics to lighten their work. This relief has been very much appreciated and every endeavour will be made to expand this service.

I have been asked by the Ministry of Health to comment specifically on the attachment schemes or liaison between the department's domiciliary staff and family doctors. Views on the existing service are expressed later but I can say that there will be an extension of the attachments to more doctors which will include not only health visitors but district nurses and midwives.

I think it is fair to say that the department generally is working in close liaison with the general practitioners and certainly every opportunity is taken to get the co-operation of all concerned. Everybody tries very hard to help everybody else to overcome the administrative divisions but it is time this trichotomy of our national health service was abolished and a true integration of its three branches—the Executive Council, the Hospital Boards and the Local Health Authorities—was effected by legislative action.

The national financial restraint of 1966 curtailed to some extent plans for the provision of new clinics in the County but it is hoped that progress will be made in the near future. At the time of writing a health clinic is under construction at Catshill. With this project an experiment is being carried out to include flats for nursing staff on the first floor. Perhaps it has been a good thing that many of our clinic projects have been held back since discussions are now taking place concerning the introduction of health centres in the County. It will be remembered that health centres were first envisaged on the implementation of the National Health Service Act 1946. Certainly only a few such centres have been provided in the country as a whole and I feel that it is fair to say that the building of health centres has been somewhat discouraged. However, the Ministry of Health are now prepared to approve loan sanctions for such schemes and it would appear that Worcestershire might well have its first health centre in the New Town of Redditch. Other towns in the County are under consideration for a health centre but there has not been a great deal of demand to work from such centres by the general practitioners, many of whom have made long term arrangements and have built new premises under the Group Practices Scheme.

*Home Nursing
Service :*

This domiciliary service provides a most necessary service within the community. No doubt the provision of disposable equipment has done much to assist the district nurses whilst the home nursing attendants who carry out routine duties relieve the nurse so that her time is spent on the more responsible nursing activities. Incontinence pads are now in great demand and the scheme has been extended to cover patients who are being nursed at home by their relatives. It is pleasing to note that since these pads were introduced no problems have yet been reported to me concerning the general disposal of soiled pads.

*Home Help
Service :*

In my last year's report I said that the Women's Royal Voluntary Service felt that they could no longer continue to operate the Home Help Service, bearing in mind other demands and commitments. It was therefore at the request of the W.R.V.S. that the Local Health Authority commenced to take over direct control as from the 1st April 1966 and at the time of writing the task of taking over the whole County has been completed. The take-over has been on a very slow and planned schedule with the result that very few disruptions have been encountered though many minor difficulties have had to be resolved.

It must be remembered that the W.R.V.S. have, for many years under the able leadership of Miss H. M. Pollard, M.B.E., J.P., carried out a most excellent service for domiciliary patients and I would like to express my sincere appreciation for all that has been done. The County Health Committee have placed on record their deep appreciation and gratitude for the selfless services provided by this excellent and hard working band of ladies on a voluntary basis.

*Health
Education :*

It will be seen from the body of the report that Mr. J. N. Pitts, the Health Education Officer, was again most active during the year and I am sure that with the assistance of Miss L. Mee, Assistant Nursing Officer with special responsibilities as Deputy Superintendent Health Visitor for health education, and the many health visitors in the County, a first class team has been created to deal with this very important section of preventive health.

Chiropody :

It is pleasing to note that this service has now developed into a comprehensive scheme and it is certain that a great deal of relief is being provided, particularly for the elderly. Judged from the many appreciative comments which are received from grateful patients, it is a most welcome service.

*Mental Health
Service :*

I am pleased to say that the major building project at Kidderminster which has provided a Junior Training Centre, an Adult Training Centre and a Junior Hostel, was completed towards the end of the year and is now in use. At the outset some difficulties were experienced in obtaining both untrained assistants and domestic staff but it is hoped that these major problems have now been brought to an end,

After the conversion of clinic premises at Tenterfields to a Junior Training Centre, Netherend Training Centre will be converted to an Adult Centre. The help and co-operation that has been received from the Education Committee who own the clinic premises is very much appreciated. With reference to the Netherend Training Centre, I would like to pay tribute to the Rotary Club of Halesowen who have done so much to make possible the erection of the domestic science unit with its modern domestic equipment and appliances.

There is every hope that a suitable site has been found in Evesham on which to build a Junior Training Centre and it is anticipated that development might commence during 1968.

Mr. W. Phillips, administrative officer, has been responsible for the day to day running of the expanding and detailed work of this section.

Tuberculosis :

I am most grateful to Dr. R. C. Cronin, the Senior Consultant Chest Physician, for his helpful report. Dr. Cronin, who succeeded Dr. Mayfield, has commented on Dr. Mayfield's splendid record and achievements in the County.

I cannot emphasise too strongly the points which Dr. Cronin makes in the penultimate paragraph of his report and it is time that the compulsory x-ray of all immigrants arriving in this country should be undertaken.

Welfare

Attention is drawn to the detailed and comprehensive report of Mr. R. A. McDonald, the County Welfare Officer, which covers many aspects of the welfare of our community. How the work undertaken in this section and other socio-medical work in other sections of the Health Department is likely to be affected by the creation of any new Department of Family and Social Welfare is unpredictable.

I was very sorry when it became necessary for Alderman S. T. Melsom O.B.E., to relinquish the Chairmanship of the County Health Committee on the 31st March, 1966. In my previous report I referred to the service that Alderman Melsom had given and I am pleased to note that he continues his association with health matters in the capacity of Chairman of the West Bromwich Hospital Management Committee and Chairman of the Worcestershire Executive Council. As successor to Alderman Melsom I welcome Mr. H. J. Tooby who, of course, has for some time been Vice-Chairman of the County Health Committee. I hope that Mr. Tooby will have a stimulating and enjoyable term of office and I would like to thank him for his help and co-operation during the latter months of the year under review.

I extend to Alderman Mrs. H. C. M. Porter my congratulations upon the conferment of the Order of the British Empire, a recognition of her great service to the community for so very many years.

Following the tragic death of Mr. David Britten, the Chief Dental Officer, I was very happy to welcome Mr. C. W. D. Jones as his successor. Mr. Jones had, for some years, been Deputy to Mr. Britten and I am certain that the future will show that his promotion has been fully justified. The dental service in general, at the present time, is beset with difficulties brought about by the acute shortage of dental officers and the outlook does not indicate any great hope of a major improvement in the future for the Local Authority Dental Service.

I would like to extend a welcome to my staff to Miss D. M. Mercer, the County Home Help Organiser. Much of the smoothness of the "take over" from the W.R.V.S. has been due to her competent management and advice, but perhaps more especially her friendly liaison and understanding with Miss Pollard and the W.R.V.S.

I was very sorry when it became necessary in the latter part of the year for Dr. M. I. Freeman-Archer to resign her appointment as Senior Medical Officer for Maternity and Child Welfare Services for personal reasons. I extend to her my grateful thanks for the help given whilst she was in the department and offer to her successor, Dr. I. J. McLarty, my sincere wishes for a happy tour of duty.

The professional, administrative, technical and clerical staff of the Department have continued to render sterling service. They have coped with frequent changes, increased duties and responsibilities and shortages of staff by sheer hard work, accepting all the tasks that they were called upon to fill, often at a moment's notice. In this respect the administrative heads of the various sections of the office have had particular difficulties and to them and to Mr. Rock, the Senior Lay Administrative Officer, I offer my grateful thanks.

My deputy, Dr. Willins, is now conversant with the health service in the County, and has taken over responsibility for some sections of the work, particularly the discussions with individual and groups of general practitioners over the future proposals for building health centres.

I am grateful to other Chief Officers of the County Council for their continued help and understanding.

The encouragement of the chairman of all our committees, and the active support of our members is a source of satisfaction and stimulation to us all.

J. W. PICKUP

County Medical Officer of Health and
Principal School Medical Officer.

Health Committee
(as at 31st December, 1966)

Chairman :	Mr. H. J. Tooby
Vice-Chairman :	Mr. J. G. Parker
The Chairman of the County Council :	Mr. J. M. C. Higgs
The Vice-Chairman of the County Council :	Mr. H. Ashwin, D.L.
The Chairman of the Finance Committee :	Mr. J. H. Walker

County Aldermen :

Mr. E. J. Broughton	Col. W. R. Prescott, M.C., D.L.
Mrs. H. C. M. Porter	Brig. J. Scott, D.S.O., O.B.E.

County Councillors :

Mr. E. M. Badger	Mr. W. F. Kimberley
Dr. J. E. Blundell-Williams	Mrs. M. B. Matty
Mr. W. S. Brettell	Mrs. R. F. Munslow
Mr. A. N. Brown	Mr. R. J. Oakley
Mr. D. G. Dymott	Mr. J. T. O'Reilly
Mr. H. Hardwick	Mrs. O. Simpson
Mr. D. C. Herbert	Mrs. M. B. Slade
Mrs. B. E. Hibberd	Mr. E. A. W. Treadgold
Mr. F. L. Hill	Miss M. E. Vernon
Mr. A. E. Johnson	Mr. S. Wedgbury
Mr. W. B. Jordan	Mr. C. Willetts

Co-opted Members :

Dr. R. S. MacArthur } Dr. R. F. Lurring }	Local Medical Committee
Miss F. E. Bailey, B.D.S.	Local Dental Committee
Mrs. J. C. Wilson } Mrs. R. Lane }	County Nursing Association
Miss H. M. Pollard	Women's Voluntary Service
Mrs. M. Wight Boycott	Worcestershire Federation of Women's Institutes
Mrs. E. R. Chadwick	Mid-Worcestershire Hospital Management Committee
(Vacancy)	South Worcestershire Hospital Management Committee

Public Health Sub-Committee :
 Mr. D. G. Dymott (Chairman)
 Mr. A. E. Johnson (Vice-Chairman)

Mr. E. M. Badger	Mrs. H. C. M. Porter
Mr. H. Hardwick	Col. W. R. Prescott, M.C., D.L.
Mr. W. B. Jordan	Mr. E. A. W. Treadgold
Mr. W. F. Kimberley	Miss M. E. Vernon
Mrs. R. F. Munslow	Mr. S. Wedgbury
Mr. J. T. O'Reilly	Mr. C. Willetts
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

Co-opted Members :
 Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester Royal Infirmary
 Miss F. E. Bailey, B.D.S.
 Mrs. E. R. Chadwick

Milk Minor Sub-Committee :

Mr. E. M. Badger	Col. W. R. Prescott, M.C., D.L.
Mr. D. G. Dymott	Mr. H. J. Tooby
Mr. A. E. Johnson	

Co-opted Member :
 Dr. R. J. Henderson

Ambulance, Prevention and After-Care Sub-Committee

Mr. E. J. Broughton (Chairman)	
Mr. C. Willetts (Vice-Chairman)	
Mr. E. M. Badger	Mr. A. E. Johnson
Mr. A. N. Brown	Mr. W. B. Jordan
Mr. H. Hardwick	Mr. R. J. Oakley
Mr. D. C. Herbert	Mrs. H. C. M. Porter
Mrs. B. E. Hibberd	Brig. J. Scott, D.S.O., O.B.E.
Mr. F. L. Hill	Mr. S. Wedgbury
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

Co-opted Members :
 Mrs. J. M. Rimmington, M.B.E.
 Dr. R. S. MacArthur
 The Chairman of the South Worcestershire After-Care Committee (Mrs. R. H. Stallard)
 Mrs. F. Pratt
 Miss F. E. Bailey, B.D.S.

Finance and General Purposes Sub-Committee

The Chairman of the County Council
 The Vice-Chairman of the County Council
 The Chairman of the Health Committee (Chairman)
 The Vice-Chairman of the Health Committee
 The Chairman of the County Finance Committee
 The Chairmen of the following Sub-Committees :
 Public Health
 Maternity and Child Welfare
 Ambulance, Prevention and After-Care
 Mental Health
 Welfare

Maternity and Child Welfare Sub-Committee

Mrs. H. C. M. Porter (Chairman)

Mrs. M. B. Matty (Vice-Chairman)

Mr. E. M. Badger	Mrs. O. Simpson
Mr. W. S. Brettell	Mrs. M. B. Slade
Mr. D. G. Dymott	Miss M. E. Vernon
Mr. H. Hardwick	Mr. S. Wedgbury
Mr. D. C. Herbert	Mr. C. Willetts
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

Co-opted Members :

Mrs. R. Lane	Mrs. V. A. Wight-Boycott
Dr. R. S. MacArthur	Mrs. J. C. Wilson
Miss H. M. Pollard	

Mental Health Sub-Committee

Mr. A. E. Johnson (Chairman)

Mr. C. Willetts (Vice-Chairman)

Mr. H. Hardwick	Mrs. H. C. M. Porter
Mr. D. C. Herbert	Mrs. O. Simpson
Mrs. B. E. Hibberd	Mr. E. A. W. Treadgold
Mrs. M. B. Matty	Mr. S. Wedgbury
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

Co-opted Members :

Mrs. T. H. Charles	Mrs. F. Pratt
Mrs. R. Lane	Mrs. F. Salmon
Dr. R. S. MacArthur	

Welfare Sub-Committee

Mr. J. G. Parker (Chairman)

Mr. H. J. Tooby (Vice-Chairman)

Mr. W. S. Brettell	Mr. J. T. O'Reilly
Mr. E. J. Broughton	Mrs. H. C. M. Porter
Mr. A. N. Brown	Brig. J. Scott, D.S.O., O.B.E.
Mr. H. Hardwick	Mrs. O. Simpson
Mr. D. C. Herbert	Mrs. M. B. Slade
Mrs. B. E. Hibberd	Miss M. E. Vernon
Mr. F. L. Hill	Mr. S. Wedgbury
Mrs. M. B. Matty	Mr. C. Willetts
Mrs. R. F. Munslow	} ex-officio
The Chairman of the County Council	
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	

Co-opted Members :

Mrs. R. G. Addenbrooke	Miss H. M. Pollard
Mrs. J. Hawkes	Lt. Col. O. D. Smith, D.L.
	Mr. H. T. Stephens
The Chairmen of the Visiting Committees to the	Old People's Homes
Heathlands	Mrs. J. C. Wilson
Holmwood	Mr. C. Willetts (see above)
Laburnum House	Mrs. M. Wilkshire
The Heriotts	Mrs. R. G. Addenbrooke (see above)
Malvernbury and The Howsells	Lady Garrod
Swinford Hall	Mr. E. J. Broughton (see above)
Shenstone	Mrs. M. B. Matty (see above)

County Staff

County Medical Officer of Health

J. W. Pickup, M.D., D.P.H.

Deputy County Medical Officer of Health

J. D. Willins, M.B., Ch.B., D.P.H.

Senior Medical Officer, School Health Service

Gwen S. Clark, M.B.Ch.B., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer, Maternal and Child Welfare

Margaret I. Freeman-Archer, M.D., D.Obst.R.C.O.G., D.C.H., D.P.H. (Resigned 21-8-66)
Vacancy

Divisional Area Medical Officer of Health, Kidderminster

C. Starkie, M.D., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

†Borough of Oldbury, Acting Medical Officer of Health

R. F. Joanes, M.B., B.S., D.P.H. (Transferred to County Borough of Warley 31-3-66)

Senior Assistant County Medical Officer of Health

Isobel J. McLarty, M.B., Ch.B., (Acting Senior Medical Officer Maternal and Child Welfare from 14-11-66)

Assistant County Medical Officers of Health

Carmel H. Dencer, M.B., M.B., B.Ch., B.A.O. (Part-time) (Resigned 12-9-66)

*H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Muriel R. Green, M.B., Ch.B.

*C. W. J. Hingston, L.R.C.P., M.R.C.S., D.T.M., and H. D.P.H. (Resigned 31-5-66)

Esme S. Jenkins, M.B., B.Ch., D.Obst. R.C.O.G. (Part-time)

Kathleen M. Joanes, M.B., Ch.B., D. Obst. R.C.O.G.

*V. A. Lloyd, M.R.C.S., L.R.C.P., M.B., Ch.B., D.P.H.

*R. W. Markham, B.A., M.B., B.Ch., D.P.H.

*C. H. Phillips, M.R.C.S., L.R.C.P., D.P.H.

*L. S. Stephens, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

G. Stewart, L.M.S.S.A., Part 1 D.P.M.

Essilt Thomas, M.B., Ch.B.

*D. E. Thompson, O.B.E., M.R.C.S., L.R.C.P., M.B., B.Ch., D.T.M., and H., D.P.H.

*J. Twomey, M.B., B.Ch., B.A.O., D.T.M., and H., D.P.H.

P. B. Williams, T.D., M.B., Ch.B.

†Delegated authority under Local Government Act, 1958.

*Also District Medical Officer of Health

Senior Consultant Chest Physicians

†R. B. Mayfield, M.D., D.P.H. (Retired 31-5-66)

†R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P. (Appointed 1-6-66)

Consultant Chest Physicians

†E. N. Moyes, M.D., Ch.B., M.R.C.P. (Ceased 31-5-66)

†R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P. (To 31-5-66)

†S. Z. Kalinowski, M.D.

†Part-time by arrangement with the Birmingham Regional Hospital Board.

Chief Dental Officer

C. W. D. Jones, B.D.S. (Appointed 1-4-66)

Deputy Chief Dental Officer

K. E. Nicholas, L.D.S., R.C.S., Eng. (Appointed 1-8-66)

Divisional Dental Officers

M. J. Burford, B.D.S.

Miss R. J. H. Sammons, L.D.S., R.C.S. Eng.

J. Charlton, L.D.S., R.C.S., B.D.S. (Transferred to County Borough of Warley 31-3-66)

Dental Officers

Mrs. P. Goff, B.D.S.
J. Egremont, L.D.S. (Appointed 16-5-66)
C. Haynes, B.D.S.
Mrs. M. E. Hiscock, B.D.S. (Part-time)
K. E. Nicholas, L.D.S., R.C.S.Eng. (To 31-7-66)
Miss E. M. Smith, B.D.S. (Part-time) (Commenced 10-1-66)
L. A. Trace, L.D.S., R.C.S.Eng. (Part-time) (Retired 31-3-66)
F. A. Trent, L.D.S., R.C.S.Eng.
Mrs. P. B. Trent, L.D.S.Eng.
Mrs. W. T. Carson, B.D.S.
Mrs. R. H. Longhurst, B.D.S. (Part-time)
Mrs. P. K. M. Marris, B.D.S. (Part-time) (Resigned 24-11-66)

Orthodontist

Mrs. M. A. Tibbatts, L.D.S. (Part-time)

Dental Auxiliary

Miss L. Rae (Appointed 5-9-66. Resigned 31-12-66)

Dental Hygienist

Mrs. J. M. Dewison (Appointed 26-9-66)

County Public Health Inspector

R. Colenso, M.R.S.H., M.I.P.H.E., M.A.P.H.I.

County Ambulance Officer

G. C. Hutchison

Deputy County Ambulance Officer

S. Ogden

Civil Defence Training Officer

R. O. Jenkins

Ambulance—Radio Control—13

Occupational Therapists

Miss J. Stott, M.A.O.T. (Resigned 31-1-66)
Miss R. J. Young, S.R.O.T.
Miss H. M. P. Proctor, S.R.O.T. (Commenced 20-6-66)

Speech Therapists

Miss R. M. Bourke, L.C.S.T.
Mrs. V. A. Stone, L.C.S.T. (Part-time) (Resigned 9-10-66)
Mrs. M. L. Ingamells, L.C.S.T. (Part-time) (Resigned 30-9-66)
Mrs. N. M. Shearmur, L.C.S.T.
Mrs. P. D. Trotman, L.C.S.T.

Physiotherapists

Mrs. D. G. Perry-Keane, M.C.S.P. (Part-time)
Mrs. M. Hunt, M.C.S.P., O.N.C. (Part-time) (Commenced 26-9-66)

Orthopaedic Sister

Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.

Chief Chiropodist

H. D. Price, M.Ch.S., S.R.Ch.

Senior Chiropodist

Vacancy

Health Education Officer

J. N. Pitts, M.R.S.H., M.A.P.H.I., Dip.H.Ed. (Lond.)

NURSING, MIDWIFERY AND HEALTH VISITING

Chief Nursing Officer

Miss A. Kean, S.R.N., S.C.M., H.V.

Deputy Chief Nursing Officer

Miss M. B. Busby, S.R.N., S.C.M., Q.N., H.V.

Assistant Nursing Officers

Mrs. E. J. Bryan, S.R.N., S.C.M., Q.N.

Miss N. Hardiman, S.R.N., C.M.B. (1), H.V.

Mrs. E. S. Smith, S.R.N., S.C.M., Q.N., H.V.

Miss L. Mee, S.R.N., S.C.M., H.V. (Deputy Superintendent Health Visitor—(Health Education)).

In the County as at 31st December, 1966, the following staff were employed :

								<i>Full-time</i>	<i>Part-time</i>
Health Visitors and School Nurses	..	..	..	..	..	..	..	67	19
Midwives	..	..	..	..	..	..	..	15	3
District Nurse/Midwife/Health Visitors	..	..	..	..	..	..	..	118	13
Nurses on Courses	..	..	..	..	..	..	..	3	

Mental Health Service

Mental Health Administrative Officer

W. Phillips, L.L.B.

Assistant Mental Health Administrative Officer

A. G. Willis

Senior District Mental Welfare Officers 6

District Mental Welfare Officers 5

Female Mental Welfare Officers 3

Training Centres

								<i>Supervisor</i>	<i>Assistant Supervisor</i>	<i>Trainee</i>
Worcester Junior Training Centre	..	..	..	..	..	..	..	1	4	1
Evesham Junior Training Centre	..	..	..	..	..	..	..	1	1	—
Netherend Training Centre	..	..	..	..	..	..	..	1	5	1
Bromsgrove Junior Training Centre	..	..	..	..	..	..	..	1	2	1
Kidderminster Junior Training Centre	..	..	..	..	..	..	..	1	3	1
Kidderminster Adult Training Centre	..	..	..	..	..	..	..	1	1	1
Redditch Adult Training Centre	..	..	..	..	..	..	..	1	3	—
Staff on Training Courses	..	..	..	..	..	..	..	—	5	—

Senior Administrative and Clerical

Chief Administrative Assistant

H. A. Rock, A.R.S.H.

Chief Clerk

J. A. Carter

Finance and Establishment Clerk

M. V. Dowse

Senior Clerks

L. J. Banning ; G. W. Nield, A.R.S.H. ; F. H. Tyler ; I. E. Collins ; A. G. Stevenson (Resigned 14-8-66) ; D. G. Bridgford (Commenced 17-10-66) ; Miss M. Low ; S. A. Astley (Borough of Oldbury Office) (Transferred to County Borough of Warley 31-3-66) and Miss M. French (Kidderminster Division Office)

Social Welfare

County Welfare Officer

R. A. McDonald

Deputy County Welfare Officer

A. A. Mumford

Senior Administrative Assistant

D. E. Makin, D.P.A.

Casework Supervisor
L. D. G. Harrison, A.A.P.S.W.

District Social Welfare Officers
*Mrs. M. H. M. Birch
C. B. Bitson
*Miss E. F. Gander, B.A.
B. J. Hodgkinson
Miss A. I. Giddins
*Mrs. V. Hand
P. J. Hurley
*Miss D. O. C. Simmons
Miss J. M. Woodburn

Welfare Assistants—6

Supervisor/Salesman—Blind Homeworkers’ Scheme
*D. G. Major

Craft Instructress
Mrs. S. M. Ness

* Home Teachers of the Blind

Homes for Old and/or Infirm Persons :				Asst. Warden	Matron	Asst. Matron	Senior Female Asst.
			Warden				
Heathlands, Pershore	..	..	.. 1	—	1	1	—
The Heriotts, Droitwich	..	..	.. —	—	1	1	2
Holmwood, Kidderminster	..	..	.. 1	—	1	1	1
The Howsells, Malvern	..	..	.. 1	1	—	—	—
Laburnum House, Upton upon Severn	..		.. 1	1	1	1	1
Malvernbury, Malvern	..	..	.. 1	1	—	—	—
Swinford Old Hall, Stourbridge		..	.. 1	1	—	—	—
Shenstone, Halesowen	..	..	.. 1	—	1	1	1
Bromsgrove General Hospital (County Council’s reserved accommodation)	..	..	. —	—	—	—	1

Home Help Service—as at 31st December, 1966.

Tel.

County Organiser
Miss D. M. Mercer
(Commenced 13-4-66)

Worcester 23400
Ext. 164.

Area Organisers

Mrs. G. M. Rogers (Commenced 25-4-66 Resigned 8-9-66)	Halesowen/Stourbridge	
Mrs. C. J. Barron (Commenced 5-9-66)		Halesowen 3595 Stourbridge 4581
Mrs. E. St.Claire-Johnson (Commenced 2-5-66)	Redditch/Bromsgrove	Redditch 2823 Bromsgrove 2846
Mrs. A. Friend (Commenced 12-9-66)	Droitwich/Martley/ Malvern	Droitwich 3360 Malvern 5896

W.R.V.S. County Organiser Miss H. M. Pollard, M.B.E., J.P.
91 Lowesmoor, Worcester

Headquarters Staff
Mrs. McKechnie

Area Organisers

Mrs. Gill Smith	Evesham
Mrs. Whitford	Evesham Rural District
Mrs. Moule	Kidderminster
Miss Burridge	Pershore
Mrs. Reynolds	Stourport
Mrs. Boot	Stockton
Mrs. Blundell Williams	Tenbury
Miss Cole	Upton

Total number of Home Helps employed (Full or part-time basis) 420.

Vital Statistics

Area of the Administrative County	..	434,235 Acres
‡Population 1966 mid-year estimate	..	437,370
Estimated rateable value 1966/67	..	£15,720,279
Estimated product of a penny rate 1966/67	.. .. .	£62,915

	Worcestershire			England and Wales
	Male	Female	Total	
Live Births :—				
Legitimate	3731	3564	7295	
Illegitimate	220	196	416	
Live birth rate per 1,000 population				17.6
Illegitimate live births per cent of total live births				5.4
Stillbirths				
Legitimate	63	54	117	
Illegitimate	5	4	9	
Stillbirth rate per 1,000 live and stillbirths				16.1
Total live and stillbirths	4019	3818	7837	
Infant deaths (deaths under one year)	67	65	132	

Infant Mortality rates :—		
Total infant deaths per 1,000 total live births	17.1	19.0
Legitimate infant deaths per 1,000 legitimate live births . .	16.1	
Illegitimate infant deaths per 1,000 illegitimate live births . .	19.2	
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	12.2	12.9
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	10.4	11.1
Perinatal mortality rate (stillbirths and deaths under one week combined per total live and stillbirths)	26.8	26.3
Maternal mortality (including abortion) :		
Number of deaths	1	
Rate per 1,000 total live and stillbirths	0.13	0.26

‡ Weighted figure due to boundary changes on 1st April 1966.

Care of Mothers and Young Children
(Section 22—National Health Service Act, 1946)

Child Welfare Centres

The numbers of children attending child welfare centres increased during the year and one new centre was opened at Crabbs Cross. Two centres were closed, one at Tenter Street, Halesowen, where the numbers attending had fallen to a very low level, since the opening of the all-purpose clinic in Highfield Lane, and the other at Clifton-on-Teme, where the numbers had dwindled to two or three per session.

Due to boundary changes on April 1st, the centre at Cofton Common was transferred to Birmingham and one at Amblecote was transferred from Staffordshire to Worcestershire. In addition, the three centres in the Borough of Oldbury were taken into the new County Borough of Warley.

Mobile Clinics

These clinics still meet a very real need in rural areas and are much appreciated by mothers who, without the passenger carrying vehicle, would be unable to attend any child welfare centre. The numbers attending have been well maintained during the year.

A total of 19,999 pre-school children were seen at child welfare sessions during the year.

Children with congenital defects

The scheme for notifications of congenital abnormalities apparent at birth continues satisfactorily. The modified birth notification card is still the main source of this information and where abnormalities are not apparent at birth, details are received on hospital discharge forms. In addition the health visitor completes a slip when she does her primary visit.

The following congenital defects involving the following systems were notified to the Registrar General during the year :—

Central Nervous System	..	..	..	..	26	(31)
Ear	..	..	..	..	1	(1)
Eye	..	..	..	..	1	(1)
Ulimentary System	..	..	..	..	15	(16)
Heart	..	..	..	..	10	(20)
Urogenital System	..	..	..	..	7	(15)
Limbs excluding talipes	..	..	..	..	20	(16)
Talipes	..	..	..	..	29	(44)
Other defects	..	..	..	..	18	(9)
					127	

10 of these cases were stillbirths. Cases notified in 1965 are in brackets.

At Risk List

Children who are particularly liable to develop an abnormality because of events occurring during pregnancy, at delivery or post-natally are kept under special observation on the “at risk ” list so that any deviation from the normal can be diagnosed as quickly as possible. Extra help to parents and children continues to be given whenever necessary. There were 8,268 children on the “at risk ” list at the end of the year.

Defects List

All children with a congenital malformation, or other abnormality diagnosed later continue to be kept under close observation by the health visitor who submits a regular report. This ensures their referral to the school health service and the provision of suitable schooling for their needs.

Children with known defects at the end of the year were as follows :—

Blind	1
Visual and eye defects	10
Deaf	2
Hearing loss	3
Epilepsy	15
Speech	22
Diabetes	1
Physically handicapped	89
Cardio-muscular defects	46
Mentally retarded	80
Other defects	45
	314

Cause of stillbirth and infant deaths

The following table shows the causes of the stillbirths and infant deaths :—

		Infant Deaths			
Cause	Stillbirth	0-1 week	1-4 weeks	1-12 months	1-5 years
Maternal antepartum haemorrhage	11	—	—	—	—
Maternal toxæmia	27	—	—	—	—
Placental insufficiency	18	—	—	—	—
Postmaturity	1	—	—	—	—
Birth trauma	8	14	—	—	—
Congenital abnormality	30	10	8	13	9
Rhesus incompatibility	6	—	—	—	—
Prematurity	4	41	2	—	—
Pulmonary conditions	—	11	2	11	3
Infections other than pulmonary	—	—	1	5	1
Malignant conditions	—	—	—	—	1
Accidents	—	—	—	5	4
Other known causes	12	5	—	3	4
Causes not known	9	—	—	—	1
	126 (121)	81 (96)	13 (11)	37 (34)	23 (24)
Borough of Oldbury					
Jan—March				3	
(unclassified)					
Figures for 1965 are in brackets.					

Report of work carried out by the Worcestershire Diocesan Association for Family and Social Service

During the year 593 new cases were referred to the diocesan workers. Of this number 362 were expectant mothers, and 270 of these came from the County area.

Of the 362 expectant mothers, 94 were admitted to mother and baby homes, 68 of whom resided in the County and received help with their fees from the County Council.

Included in the above figures were 63 admissions to the diocesan mother and baby home at Barsham House, Malvern, 29 of these being from the Worcestershire County area.

Family Planning Clinics

The Family Planning Association continued to hold sessions in County clinic premises in Bromsgrove, Kidderminster and Redditch. Some Worcestershire residents prefer to attend clinics in Worcester and Birmingham. Grants are made to these associations as required.

Marriage Guidance

Grants were made to the Birmingham Marriage Guidance Council and to the Worcester and District Marriage Guidance Council during the year.

Ante-natal Clinics

No ante-natal clinics are run by the health department with a medical officer in attendance, and responsibility for ante-natal care lies with the general practitioners. The domiciliary midwife has a responsibility to see that all mothers who are booked for home confinement receive adequate ante-natal care and co-operation between general practitioners and domiciliary midwives continues to improve. Some midwives hold their own ante-natal clinics and others carry out joint sessions with general practitioners in their surgeries. Eighteen midwives clinics were held during the year with 649 sessions.

Ante-Natal, Mothercraft and Relaxation Classes

One new class opened at the beginning of the year at the county clinic in Worcester. On April 1st the clinic at Oldbury was transferred to the new County Borough of Warley, due to boundary changes, and, likewise, Cofton Common clinic was transferred to Birmingham.

Attendances at Relaxation and Parentcraft Classes							
				New Cases		Attendances	
				1966	1965	1966	1965
Clinic							
Bromsgrove	..	..	..	114	109	443	378
Cradley	..	..	..	51	13	136	37
Droitwich	..	..	..	69	78	222	300
Evesham	..	..	..	75	150	425	508
Halesowen (Highfield Lane)	..			115	105	375	437
Halesowen (Blackheath)	..			65	47	238	212
Kidderminster	..	..	..	151	154	651	498
Lye	..	..	..	36	66	208	279
Malvern	..	..	..	110	120	527	505
Marlbrook	..	..	..	28	18	150	85
Pedmore	..	..	..	64	12	247	28
Pershore	..	..	..	29	19	130	75
Redditch	..	..	..	165	152	925	813
Rubery	..	..	..	57	63	350	325
Stourbridge	..	..	..	89	176	588	742
Stourport	..	..	..	87	72	384	315
Tenbury	..	..	..	31	23	109	113
Wribbenhall	..	..	..	60	29	142	123
Wythall	..	..	..	33	43	103	156
Worcester County							
(opened Jan.)	..	..		19	—	62	—
Worcester City Clinic	..			24	47	103	202
Stourport H.M.C.	..	..		106	220	198	487

Nurseries and Child Minders

During the year there has been a marked increase in the number of applicants for registration. This is thought to be partly due to television and radio programmes which has brought this service very much to the public notice.

At the end of the year 21 persons and 31 premises were registered, providing places for 862 children.

Dental Treatment of Expectant and Nursing Mothers and Pre-school Children by C. W. D. Jones, B.D.S., Chief Dental Officer

Expectant and Nursing Mothers

Again there has been fewer expectant and nursing mothers requesting dental treatment. This is hardly surprising as this potential group of patients usually attend their own dental practitioners and have no reason to seek treatment from the County dental clinics, especially when they have to be told, under the present regulations, that no further courses of treatment may be given once their child is twelve months old, unless of course, they become once again pregnant.

Pre-school children

Towards the end of 1966, in certain areas, a service was begun that was designed to improve the dental health of the pre-school child and the offer of advice to the parents.

To do this, a County Dental Officer attended the child welfare clinics on a date that was previously announced. There the Dental Officer only inspected and advised the parent on the condition of the child's teeth and if treatment was required, the parent could make a definite appointment for the treatment to be given at the dental clinic.

Re-call letters are sent to the parent for regular re-inspections of the child.

The result of this work is encouraging. More time has been devoted to this age group than ever before and there is a corresponding increase in the amount of work being done.

There is again an increase in the amount of conservation done combined with a decrease in the number of extractions required. Much more time is being given to dental health education and this is being carried out both in the child welfare clinics and in the surgeries. Use has been made of the Dental Hygienist to give talks to the mothers, children and the pre-natal cases.

Thus, a service is being developed that will help to prepare the child to accept dentistry as a routine procedure when the treatment is minimal and virtually painless, rather than the child's first experience coming after school age has been reached and when it is often too late for conservation and so the first treatment is multiple extractions.

There have been no further clinics opened this year but in several of the existing clinics the older major equipment has been replaced with new.

I should like to express my thanks to all the doctors, nurses, midwives and health visitors at the various clinics throughout the County for all their help and co-operation.

Midwifery Service (Section 23—National Health Service Act, 1946)

Radio contact

A pilot scheme has been in operation in Halesowen since April 1st involving four cars fitted with two-way radios directly under the central ambulance control. This has proved highly satisfactory both to the midwife and to the patients, and has enabled us to operate a rota system. It is hoped to extend the scheme to other areas in the County.

Night rota scheme

This scheme is greatly appreciated by the midwives, as it affords increased off-duty. It has only been possible to cover a limited part of the County, but it is intended to extend the scheme within the County with ensuing benefit to both midwife and patient.

During the year, domiciliary midwives attended 2,282 births, accounting for 29.2% of the total births in the County. 5,528 births took place in hospital of which 3,699 were discharged to the care of domiciliary midwives before the tenth day.

Analgesia

As briefly mentioned in last year's report, four British Oxygen Entonox analgesic apparatus were purchased during the year. This is a gas and oxygen machine suitable for self-administration in obstetric practice and is greatly preferred by the midwives because of its safety and the fact that it is a compact, light and easily portable apparatus. It is intended to considerably increase the number of Entonox machines, so that the old type of nitrous oxide and gas machine is gradually replaced.

In addition, there are 13 trilene sets available for suitable cases.

Disposable Equipment

This equipment is increasingly available for domiciliary midwives throughout the County.

Practising Midwives in the County

Forty-three hospital midwives, six private midwives and 103 domiciliary midwives notified their intention to practise in the County during the year.

Pupil Midwives

Ten pupil midwives did three months of their Part II training on the district.

Premature Births

There were 436 premature live births and 83 premature stillbirths during the year. Sixty-one of the premature live births died before they were four weeks old.

Stillbirths

There were 126 stillbirths during the year.

Maternal Deaths

There was one death due directly to pregnancy. This was a woman who had a massive haemorrhage due to rupture of uterus, following a premature obstructed labour.

There were three deaths which were associated with pregnancy.

The first was at the third month of pregnancy, and was a severe case of hyperemesis gravidarum complicated by bronchopneumonia and renal failure.

The second was that of a woman at the 36th week of pregnancy who was admitted to hospital with an ante-partum haemorrhage which then developed into renal failure and liver failure.

The third was a grossly obese patient, recognised early as a "bad risk," who was admitted to hospital for an artificial induction of labour, which was successful. She, unfortunately, developed heart failure and pulmonary oedema from which she died.

Health Visiting (Section 24—*National Health Service Act, 1946*)

An experimental scheme for direct general practitioner/health visitor liaison began in Bromsgrove in March 1966. Four geographical health visiting areas were exchanged for case loads based on the four group practices in the town. Mutually convenient arrangements were then made between the doctors and their health visitor for referral of cases, attendance at clinics, and joint consultation.

The scheme was limited to the confines of the Urban District boundary and benefited from the fact that almost all the doctors serving the areas were included.

It was agreed from the outset that the health visitors would continue to be responsible for their schools and clinics and would retain certain fixed engagements which could not readily be altered, (e.g. health education programmes in schools and parentcraft classes).

The health visitors continue to meet in a central office each morning, where the post is sorted, relief arrangements confirmed, and ancillary help co-ordinated. It has been found that this arrangement helps to preserve some of the advantages of the old area organisation in that "background information" from the general public (sometimes of a highly significant nature, as for example, special needs of relatives, or suspicion of child neglect by neighbours), can be passed on without delay to the appropriate colleague.

The health visitors appreciate the close association with the family doctors and the sense of professional support which is engendered. Cases referred to them have included family problems and disharmony, elderly handicapped persons needing social aid, children requiring screening tests for hearing, feeding problems, and the follow-up of vaccinations and failed appointments, *e.g.* at family planning clinics.

They also gain much useful information from the doctors and the practice records which help to throw light on such matters as the expected confinement which is not followed in due course by a birth notification, or a notification of birth not traced at the address given or the whereabouts of families newly arrived in the area. They feel that the present arrangements of supplying an introduction to new families relieve the more difficult part of health visiting and will be an encouragement to beginners, or to those in whom the ability to make quick personal relationships is not fully developed. They also find that the general public have readily accepted the new arrangement and no adverse criticisms have yet been heard. Their only regret is that shortage of time has precluded them from doing full justice to this interesting development in their work, the cause being inability to fill a vacancy in the area which has unfortunately persisted since the inception of the scheme.

In view of the smooth progress of the Bromsgrove experiment, it was decided to proceed with plans for a district nursing attachment in Kidderminster. The seven main practices in the town had already ranged themselves into four groups, and it proved a simple matter to allocate the four general nurses accordingly. The two relief nurses were also introduced to the doctors whose nurses they would relieve.

As in Bromsgrove the scheme was confined to the Borough boundary, and included all the main practices serving the town. The doctors and nurses made their own arrangements for meetings and referral of cases.

The scheme officially commenced on December 1st and has so far proceeded smoothly. The main advantage appears to be in the improved communication between the doctors and nurses and the doctors in particular, have expressed their appreciation of this. The nurses for their part, feel that they now receive more information about their patients and that their individual nursing skills are being more fully utilised.

It is too early to make a full appraisal of this attachment scheme but the indications are wholly optimistic.

Group attachments between doctors and health visitors are at present being arranged in the Kidderminster and Redditch areas.

Geriatric Health Visiting

There are now geriatric health visitors working in seven districts in the County. Many needy and lonely elderly people have been helped during the year, who, but for this branch of health visiting, would have required institutional care.

Health Visiting Staff at the end of the Year

There was a total of 97 health visitors and four tuberculosis health visitors, giving a wholetime equivalent of 45.6 and three respectively.

Home Nursing (Section 25—National Health Service Act 1946)

The home nurses attended 7,881 patients during the year, 4,316 of whom were 65 years of age or over and 325 under the age of five.

Incontinence Pads

Incontinence pads continue to be made available in two sizes and during the year 22,200 pads of standard size and 37,300 large pads were used. These figures are double those of 1965 and show the great expansion of this service most fully.

Home Nursing Attendants

Fourteen home nursing attendants assisted the district nurses, undertaking the weekly bathing of elderly patients and this service is increasing.

County Night Sitters Service

The night sitters scheme continues to provide help where needed and, during the year, 13 patients benefited from this service.

Marie Curie Assistance for Cancer Cases

The Marie Curie Foundation assisted in providing extra nourishment and comforts in five cases during the year.

Isobel Morcom Medal and Prize

This award was made to Mrs. V. L. Dudley, s.E.N., s.C.M., who had been district nurse/midwife/health visitor in Hartlebury for 21 years.

County Nursing Association

At the annual general meeting in March it was decided to approve the dissolution of the Association.

The Association had a considerable sum of money invested to provide pensions for nurses in need. The Charity Commission registered the fund as a charity and a scheme was made to provide that the Trustees of the County Nursing Association should continue as the Trustees of the Pension Fund.

Tribute was paid to the great work done by the County Nursing Association since the introduction of the National Health Service Act in 1948 and before.

Nurses' Houses

Full details are given in Table “ E ” of the accommodation that is at present being provided throughout the County for members of the nursing staff.

Training of Students from other Authorities

An insight into health visiting was afforded to nine student health visitors and fourteen students from the Children’s Department. In addition, thirty-eight student nurses and twelve pupil nurses accompanied health visitors and district nurses for one day’s experience in public health nursing. Thirteen students in training for district nursing visited the County for rural experience during the year.

Health Visitors and District Nurses Training

Four students were accepted for health visitors training at Birmingham and two nurses took the course for district training at the Tything Institute, Worcester ; the practical work being carried out on their own districts in the County. Two State Enrolled Nurses also completed their district training, one taking the residential course at Birmingham and the other attending the Birmingham centre for lectures, but carrying out the practical duties on her own district.

Post Graduate Courses

Two administrative nursing officers, 13 midwives, four district nurses and 10 health visitors attended courses during the year, all midwifery courses being the statutory ones required by the Central Midwives Board.

Annual County Refresher Course

There were three afternoon meetings at The Swan Theatre, Worcester, on April 25th, 26th and 27th. These were well attended, the subjects discussed being “ The Epileptic Child,” “ Food Hygiene,” “ Neo-natal Neuro-surgery,” “ Changing Patterns in Local Health Authority Services,” “ Persistent Non-attendance at School ” and “ Cervical Cytology.”

Registration of Nursing Homes under Public Health Act, 1936 as amended by the Nursing Homes Act, 1963

There were 12 registered nursing homes giving a total of 160 beds.

Cervical Cytology

The first clinic held in Worcester, to be shared between the City and County, was opened in January. Clinics in Stourbridge and Halesowen were opened in April and Bromsgrove, Kidderminster and Redditch in September.

The following table shows the number of attendances :—

Clinic	Sessions held	Attendances	Suspicious	Positive
Worcester City and County	Three times weekly	1,095 (County)	1	4
Stourbridge	Weekly	608	2	1
Halesowen	„	591	3	—
Bromsgrove	Every third week	77	—	—
Kidderminster	„ „ „	93	—	1
Redditch	„ „ „	102	—	—

Welfare Foods

The distribution of welfare foods to expectant and nursing mothers and children under five years' of age continued from 131 centres.

In comparison with 1965, the sale of National Dried Milk, Cod Liver Oil and Vitamin Tablets decreased by 34 %, 13 % and 21 % respectively, whereas the sale of Orange Juice increased by 5 %.

Home Help Service (Section 29—National Health Service Act, 1946)

W.R.V.S. County Organiser's Report

Miss Pollard—County Organiser of the W.R.V.S.

Mrs. McKechnie—County W.R.V.S. Organiser for Home Helps

There is little to report on the actual running of the service, which has gone on as usual pending the hand over to the County Health Department at intervals in the various districts. Some areas have had to be run from the County W.R.V.S. Office during this period and arrangements made locally to continue working some areas until the final handover in April 1967.

We shall not lose our interest in this service, which has been a valued part of our responsibility for so long and we relinquish it with good wishes for the future.

*Report by Miss D. M. Mercer,
County Home Help Organiser*

The transfer of the administration of the home help service from the W.R.V.S. to the County Health Department commenced in April 1966 and it is anticipated that by April 1967 the changeover will be complete. There are five administrative areas in the County, divided as follows :—

Halesowen and Stourbridge
Bromsgrove and Redditch
Droitwich, Martley and Malvern
Evesham, Pershore and Upton-upon-Severn
Kidderminster, Stourport, Bewdley and Tenbury

each area having an Organiser and an Assistant Organiser, both employed full-time with part-time clerical assistance. There is also a County Organiser working from the headquarters in Worcester.

Whenever possible the area offices are being housed in the local health department clinics. This ensures a close liaison with other members of the staff interested in the care of the sick and aged.

The continuity of the service has been maintained throughout the transfer, there being no time lapse between the W.R.V.S. moving out and the County staff moving in. We are very much indebted to Miss Pollard and her staff for their co-operation in ensuring a smooth transfer in all areas.

During the period from April to December there were three organisers and three assistant organisers employed. Between them they visited 1,104 households of which 240 were new applicants for service, and the remaining 964 were routine visits to persons already receiving service. In addition 168 home helps were visited in their own homes.

The number of home helps employed at 31st December was 426, of which 28 worked over 30 hours per week and the remainder were part-time. One male home help is employed on a guaranteed full-time basis and this is proving to be very successful. Frequently the service is called upon to assist in households that have been neglected over a period of years, usually a man living alone. In such cases the assistance of a male home help to clear up such areas is invaluable.

The introduction of the selective employment tax assisted with the recruitment of home helps in the more industrialised areas of the County. In the rural districts there are still some difficulties in obtaining staff, but the provision of autocycles does much to alleviate the problem.

Number of Households provided with Home Help			Home Help Staff	
Maternity	..	326	Full-Time	.. 28
Chronic Sick and T.B.	..	187	Part-Time	.. 398
Mentally Disordered		17		—
				426
Others		185		—
Aged 65 or over	..	2,265	Equivalent W/T	.. 240
		2,980		

Vaccination and Immunisation

Smallpox Vaccination

The following table shows the number of children under 16 years of age in the County who were vaccinated, or re-vaccinated, against smallpox during the year :—

Age at date of vaccination	0—3 months	3—6 months	6—9 months	9—12 months	1 year	2—4 years	5—15 years	Total
Number Vaccinated	54	67	120	321	3834	911	208	5515
Number re-vaccinated	—	—	—	—	—	26	294	320

There were no cases of generalised vaccinia reported. Of the 5,515 primary vaccinations, 2,167 were given at County Council Clinics.

Diphtheria Immunisation

In accordance with the time table of injections issued by this Authority, oral poliomyelitis vaccine is given at the same time as the injections of triple antigen, starting at three months of age. A single reinforcing dose of triple and oral poliomyelitis vaccine is given at about eighteen months of age.

This appears to be working satisfactorily.

The following table shows the number of children, in age groups, who received primary or reinforcing injections of diphtheria antigen during the year :—

Children born in years	Completed Primary Course	Reinforcing doses
1966	2346	—
1965	3835	867
1964	262	1817
1963	85	313
1959—1962	280	4665
1951—1958	100	3037
TOTAL ..	6908	10,699

No cases of diphtheria were notified.

Whooping Cough Immunisation

The following table shows the number of children who have completed a primary course of pertussis vaccine, usually in combination with other vaccines, during the year :—

Year of Birth	Number of children
1966	2245
1965	3699
1964	246
1963	73
1959-1962	117
1951-1958	79
Total ..	6459

Tetanus Immunisation

The following table shows the number of children who have received protection against tetanus during the year :—

Year of Birth	Primary course	Reinforcing dose
1966	2346	
1965	3833	866
1964	262	1817
1963	85	313
1959—62	528	4454
1951—58	205	2508
Total ..	7259	9958

Polio-myelitis

Sabin oral vaccine is available at Child Welfare Centres, School clinics and from most of the family doctors in the County. Reinforcing doses are given in County Schools. Salk vaccine (by injection) is seldom requested. A few doctors use a quadruple antigen, which they obtain on prescription, but this vaccine is not popular.

The following table shows the number of children who received primary courses and reinforcing doses during the year :—

Year of Birth	Primary course	Reinforcing doses
1966	2414	
1965	4143	713
1964	542	1242
1963	208	280
1959—62	715	4214
1951—58	306	779
Total ..	8328	7228

No cases of poliomyelitis were notified during the year.

Vaccination against Anthrax

In accordance with the request made in the Ministry of Health Circular 19/65 dated 6th September, 1965, a supply of vaccine is maintained for use by family doctors and factory doctors but the demand has been small.

Vaccination against Measles

This Authority has not made arrangements for vaccination against measles but this is available from the family doctor.

Medical Arrangements for Long Stay Immigrants

107 notifications were received during the year from medical officers at ports and airports of long stay immigrants giving destination addresses in the County. Arrangements were made for these persons to be contacted with a view to advising them on the health services and to persuading them to register with local general medical practitioners. In some cases follow-up visits were required. 83 immigrants were contacted, the remaining 24 could not be traced, or had moved to another area. In the latter case the notifications were passed to the appropriate authority. It is of interest none of these immigrants have been notified as suffering from tuberculosis.

B.C.G. Vaccination

The results of the 1966 programme and corresponding figures for previous years are given in the following table :—

	1966	1965	1964	1963	1962
No. of invitations issued	6441	6808	6611	6857	7354
No. of Consents received	5811(90.2 %)	6174(90.7 %)	6001(90.8 %)	6021(87.8 %)	6629(90.1 %)
No. of persons tested ..	5338	5739	5534	5535	5961
No. of positive reactors	589(11.8 %)	572(10.6 %)	608(11.6 %)	524(10.1 %)	724(12.1 %)
No. of negative reactors given B.C.G. ..	4407	4837	4633	4652	5237

The percentage of negative reactors in 1966 was 88.2% compared with 89.4% in 1965.

Tuberculosis

Dr. R. C. Cronin, Senior Consultant Chest Physician has given the following report :—

There has been a further considerable fall in the number of new cases notified during the year, and the rate for 1966 is much lower than ever before. The figures are affected by boundary changes which took place at the 31st March, 1966 when the Borough of Oldbury ceased to be part of the County. If new cases from Oldbury are excluded, however, there is still a fall in the number of cases from the remainder of the county, from 77 in 1965 to 64 in 1966. There was a welcome reduction in new cases amongst Asian immigrants in Redditch from 5 in 1965 to 1 in 1966. This is a factor mainly dependent on the number of cases coming into the county from Asia, and is therefore largely outside the control of the County Health Authorities, hence the fall may be only temporary. In spite of this, the overall trend is very satisfactory,

The death rate remains more or less stationary at a very low figure.

Once again it is necessary to stress how important it is to maintain the preventive measures and treatment facilities, and there can be no doubt that the prevention of tuberculosis would be very materially helped by the x-raying of all immigrants on or before arrival in this country.

During the year Dr. R. B. Mayfield, the Chief Tuberculosis Officer, has retired after 30 years with the County Tuberculosis Service. He will be greatly missed by his colleagues, who wish him many happy years of retirement. He has had the satisfaction during these 30 years of seeing the notification rate fall from 1.3 per 1,000 and the death rate from 0.63 per 1,000 to the present low levels.

Ambulance Service

An active year has again been experienced by the Ambulance Service.

Taking the Service as a whole, some 167,709 patients were conveyed by ambulance, hospital cars and hire cars, against 177,019 patients during 1965, a decrease of 9,310, and the road miles covered were 1,166,628, as against 1,184,909 during 1965, a decrease of 18,281.

The main reason for the decrease was due to Oldbury being taken over on the 1st April, as part of the new County Borough of Warley.

Ambulance Use

The number of Section 27 persons carried during the year was 105,272 as against 106,868 during 1965, a decrease of 1,594. Children conveyed to Training Centres were 19,809 as against 26,021 during 1965, a decrease of 6,212.

The total number of persons conveyed by ambulance under Section 27 and otherwise, during the twelve months was 125,083 covering 708,900 miles, as against 132,889 patients and 743,378 miles during 1965, a decrease of 7,806 persons and 34,478 miles, giving an average number of miles per patient carried by ambulance 5.6 as compared with 5.5 during 1965.

It must be remembered that between 10 and 12 severely sub-normal children can be conveyed by one ambulance, as against comparable figures of two or three hospital accident cases, thus affecting the miles/patient ratio.

The number of sub-normal children conveyed by ambulance to training centres will diminish altogether next year, when all children will be conveyed by hired transport.

The average number of miles per patient will tend to increase in the coming years, due mainly to :

- (a) The centralisation of hospital specialist services.
- (b) Early discharges from short term hospitalisation.
- (c) The loss of ambulance transport for sub-normal children.
- (d) The reduction of railway facilities.

Hospital and Hire Car Services

In the case of the hospital car service, 31,224 patients were carried as against 26,961 during 1965, an increase of 4,263 and the road miles covered were 361,807 as against 290,320 during 1965, an increase of 71,487.

In the case of hire cars 11,402 patients were carried as against 17,169 during 1965 a decrease of 5,767 and the road miles covered were 95,921 as against 151,211 during 1965, a reduction of 55,290

We are most grateful to all the hospital car drivers who have rallied round so magnificently in order to maintain an efficient service, for it is a most useful auxiliary to the ambulance service. The number of drivers remains fairly constant but in some areas the hospital car service would welcome volunteers.

New Ambulances

The single stretcher conversion ambulances are proving to be most economical for long distance work. Orders have been placed for the annual replacement programme and an additional ambulance has also been ordered to comply with the ten year plan.

Training of the whole-time ambulance personnel continued during the year. Two days per week were devoted to the training in Ambulance Service work and Civil Defence subjects. This training was given by Dr. J. A. Rigby, Ambulance Officers and C.D. Training Officers, also members of the Chief Constable's staff.

Worcester City and District Voluntary Ambulance Service

This Station is operated by the Worcester City and District Voluntary Committee on behalf of both the City and County Local Authorities and the County Ambulance Officer, who is also the ambulance officer for this voluntary committee, reports that during the year 6,515 County cases were conveyed, giving a total of 48,050 miles, compared with 7,117 cases and 45,419 miles for 1965.

Close liaison and co-operation has been practised between the voluntary committee and the county ambulance control to eliminate wasted mileage and journeys.

It must be remembered that a considerable number of volunteers from both the St. John Ambulance Brigade and the British Red Cross Society did attend at the ambulance station at Worcester and to them we are grateful for all the assistance that has been so freely given.

Throughout the year there have been very few volunteers actually undertaking duties at any of the other County stations and although it was possible to arrange escorts for patients travelling by rail, in some instances difficulty was experienced.

Civil Defence—Ambulance and First Aid Section

The number of volunteers remain at a steady level of 206—99 male, 107 female.

Grand total	..	..	..	206
Recruits	..	..	..	77
Class ‘ A ’	..	..	..	94
Class ‘ B ’	..	..	..	11
Reserve	..	..	..	24

The Authority still holds on loan from the Ministry of Health 8 Civil Defence Ambulances and 2 personnel and equipment vehicles.

Instructors

The part-time instructor strength of 12 has now been increased by a further 10 locally trained instructors. This is the result of a Course which was run by the Training Officer in accordance with Home Office policy. The examination was taken by 11 candidates, of which 10 were successful.

Courses

Instructors qualifying	..	..	..	1
Standard	..	..	..	10
Advanced or post-advanced				9
First Aid	..	..	..	18

In addition, First Aid instruction has been provided by the Training Officer to members of the Surveyor's department and County Council's staffs, the average attendance being 10.

Tests : 4 standard tests—20 successful, 4 unsuccessful.
2 advanced tests—22 successful, 4 unsuccessful.
1 instructor's test—10 successful, 1 unsuccessful.

The Training Officer and full-time Instructor were again responsible for the training of the Ambulance and First Aid Section of Civil Defence at the Annual Regional Camp, held at Credenhill, R.A.F. Station, Nr. Hereford, in September. 60 members of the Ambulance and First Aid Section received First Aid training and took part in two exercises whilst at the Camp. This Camp was considered to be the most successful yet.

Occupational Therapy

The Occupational Therapists have continued to treat patients suffering from arthritis, neuro-muscular lesions, chest and cardiac conditions, and patients referred by the Mental Health services. These patients have been assessed for capabilities, and assisted with aids for daily living, some made by patients, others by staff, for their specific needs. Basically they are still treated by crafts, although access to outwork would in some cases be more beneficial to patients, as the disposal of finished articles sometimes is a problem.

174 Patients have had 2,415 visits during the year.

Mrs. J. Mathews and Mrs. J. Davies worked on a sessional basis until Miss H. Proctor joined the staff full-time on the 20th June, 1966.

Miss Young attended the International Congress of The World Federation of Occupational Therapists in London from July 18th—22nd, 1966.

Convalescence

During the year a total of 271 cases (206 females, 65 males) supported by a medical certificate were referred for periods of convalescence. Of this number 168 were eligible under the scheme and proceeded on convalescence to various homes, the average stay for each being two weeks. The remaining 103 patients were fully investigated. The financial circumstances of some were such that the County Council could not accept responsibility, but it was possible in many instances to make arrangements with a number of Societies who have convalescent schemes for a holiday. The other cases were either withdrawn, transferred to another authority *e.g.* County Borough of Warley, or were found to be unsuitable for this kind of convalescence.

Medical Comforts

As in previous years the distribution of medical loan equipment throughout the County has been maintained with great success by the efforts of the British Red Cross Society and the St. John Ambulance Brigade. The part played by these voluntary organisations, who act as agents of the County Council, is very much appreciated.

Medical comforts are on a continual and increasing demand, and in order to accelerate the supply to patients in urgent need, a scheme has been introduced whereby the Geriatric Health Visitors in each of their respective areas of the County are being supplied with a limited amount of apparatus. At present this new scheme is only in its infancy and the usefulness of it has not yet become apparent.

Chiropody Service

The number of treatments given under the directly provided County Service has increased from 2,121 in 1960 (nine months) to 12,468 in 1966. The total number of cases referred since the start of the scheme is 4,632.

During 1966 the Service was being given at 15 clinics or hired premises throughout the County and in private surgeries in six areas.

The number of new cases referred during the year was 771 of which for one reason or another 48 did not accept an appointment ; there were 91 cases on the waiting list at the end of the year.

Of the 12,468 treatments given during the year, 7,183 were at clinics, 3,207 at home and 2,078 at chiropodists' own surgeries. The number of treatments in 1965 was 11,053.

The number of persons who received treatment was 2,737 of whom 80.93 % were female and 19.07 % male. The largest number of patients, as in 1965, comes within the age group 70—80. Transport was provided in 294 cases (10.7 %) and home visits were made in 721 cases (26.34 %). In 551 cases (20.13 %) the treatment was given without charge. One expectant mother was treated during the year ; the number of handicapped persons under pensionable age was 86 (3.14 %) but of the persons over pensionable age 527 were known to be also handicapped. Treatment is ordinarily restricted to once every eight weeks, but on the recommendation of the chiropodist treatment at more frequent intervals was given in 160 cases while in 263 cases treatment at intervals of longer than eight weeks was thought by the chiropodist to be all that was necessary.

The voluntary organisations to which grants are made—the British Red Cross Society and the W.V.S.—together provide a service giving about 1,000 treatments per annum.

Report by Mr. H. D. Price, M.Ch.S., S.R.Ch., Chief Chiropodist.

The work of the Chiropody Service has progressed satisfactorily during the past year and it would appear that as the improvement in general medical care and social and welfare conditions increases the life expectancy of the population, so the need for chiropody treatment will grow.

The demand for domiciliary treatment has been maintained and has risen from 267 treatments given in 1962 (22.5 %) to 685 (26.9 %) in 1965 and 721 (26.34 %) in 1966 and it appears inevitable that this aspect of the Service will continue to occupy a large proportion of the treatments given.

Where possible every endeavour is made to treat patients at Clinics rather than at home because of the time factor involved and, not infrequently, the adverse working conditions sometimes experienced with home visits,

There is a continuous demand for transport to bring patients to Clinics but, unfortunately, in one or two cases this has been abused—the patient having decided to return home by public transport, after treatment, when perhaps there has been a delay in collecting them from the Clinics.

During the year the Chiropody Clinics were equipped with new and additional equipment which greatly facilitated the work of the individual chiropodists as well as benefitting the standard of treatment given.

An appointment to the full-time staff was made in January 1967 when Mr. S. C. Griffiths, M.Ch.S., was appointed Senior Chiropodist.

An attempt is being made to institute an Appliance Making Centre as it is felt that this is a sphere of treatment which offers really positive results, although it is hoped that eventually a School Health Chiropody Service would provide a form of treatment and prophylaxis which would do much to prevent the onset of more complicated conditions in later life.

Health Education

The expansion of Health Education during 1966 is evident from the statistics. Whilst some increase is due to the more efficient recording of educational activities by the Health Visiting and Nursing Staff, it has become obvious from normal office routine that more teaching aids are being lent out for use in lectures and discussions. For example in February 1966 100 filmstrips were booked out from the Health Education library.

The snowballing effect of increasing activity has not always been easy to contain. Fairly typical is the case of one secondary school where a short course for a class of school leaving girls was originally undertaken. The course later included other girls' classes, and recently was extended to boys' classes as well. What was, at first, an hour's work per week, now takes up most of two days, plus considerable time for preparation.

Among adult groups, certain subjects may suddenly become favoured topics. Cancer education in womens' groups, smoking and health following some important report or pronouncement, and, most popular of all emergency resuscitation demonstrating the mouth to mouth method and using films and model.

These remarks on the extension of activities leads to the matter of staff and accommodation. Much of the lecturing and discussion work is done by Health Visitors, some of whom, in addition to their normal health education work in homes and clinics, participate in courses in schools and organised groups. In areas where there are staff shortages, I am loathe to encourage such courses, and the appointment of extra staff, with part-time responsibilities for organised health education, must soon be considered.

Accommodation is also a handicap. Present storage space for reference material, for posters and leaflets, for equipment such as display boards, projectors, magnetic boards, models, and various other demonstration aids is quite inadequate. Working space for construction and repair of display equipment is required—in the early stages of planning an exhibition for the Three Counties Show 1967, it was soon obvious that outside contractors would have to be employed to construct the large display stands.

These two factors—staff and accommodation, act as a brake to the confident expansion of health education.

Health Education sessions conducted during the year are recorded as follows—

					<i>Parentcraft in Clinics</i>	<i>In Schools</i>	<i>Other Groups</i>	<i>Total</i>
1.	Health Visitors	..	..	..	.. 603	235	105	943
2.	Nursing Officer (HE)	..	..	..	.. 49	82	123	254
3.	Health Education Officer	..	..	..	.. 28	146	24	198
					680	463	252	1395

The report so far has been concerned with the increasing amount of work. It should be remembered that success in health education is evaluated not by the effort put in, but by resulting behavioural changes which in most cases, are long term.

ACTIVITIES

Smoking and Health

This subject now has a regular place in our programmes for schools. Three secondary schools had talks as a follow up on the 1964/65 campaign and a limited campaign in schools will be conducted next year, with the main effort directed at the 10—12 year age group.

Venereal Disease

No public campaign has been instituted, but again the subject arises during the normal syllabus, and incidentally during discussions, three secondary schools conducting courses in Personal Relationships, have made calls on our medical staff for discussion of this subject, and a number of Youth Clubs have made use of a speaker and the film ‘A Quarter Million Teenagers.’

Home Safety

This is a third subject that finds a regular place in the syllabus of all Clinic and School Health education courses.

The development of the Midland Federation of Home Safety Committees enables Local Authorities in the County, through the long established City and County Home Safety Committee, to raise matters of Home Safety concern at R.O.S.P.A. conferences. The County Council is represented on both Committees by a Councillor and the Health Education Officer.

Special Courses

The course at Stourminster Special School has been reported on in previous years.

An experimental course on Health and Hygiene based on a weekly evening session of 1½ hours has been developed by Miss Mee at Brockhill Remand Home for Girls, near Redditch, and it has been enthusiastically received by both residents and staff.

Mental Health Service

1. Administration

(a) Committee

The County Council's powers in relation to mental health continued to remain delegated to the Mental Health Sub-Committee. The Medical Superintendents of the hospitals for the mentally disordered in Worcestershire continued to attend the meetings of the Sub-Committee in an advisory capacity. Mr. A. E. Johnson continued to act as Chairman of the Sub-Committee during 1966.

(b) Co-ordination with the Regional Hospital Board

There is close co-operation by the council's officers with the Birmingham Regional Hospital Board and its Officers. Patients on leave from hospital are visited and supervised by the council's officers on behalf of the various Hospital Management Committees. There is close contact between the officers and the medical and social staff of the local psychiatric hospitals and regular weekly meetings are held at the hospitals at which officers attend. The council's officers take an increasingly larger share in the social work necessary consequent on the discharge of patients from hospital.

Dr. Patterson of Lea Hospital, and his staff, have continued to hold a clinic one morning per month in the council's clinic in Castle Street, Worcester, to see subnormal children and their parents by appointment. The clinic has continued monthly since November 1964 and has proved to be both successful and very helpful.

2. Staff

(a) General

The staff of the service consists of a lay administrative mental health officer, one administrative assistant, six senior district mental welfare officers, eight district mental welfare officers and two trainee mental welfare officers. There is a vacancy for a district mental welfare officer and one of the trainee mental welfare officers has been appointed temporarily as a district officer to help with the staffing situation. A senior district mental welfare officer and a district mental welfare officer have tendered resignations to take effect in January 1967. There are thirty-six mental health workers employed at the seven training centres in the County. Difficulties are still being experienced in recruiting persons of the right calibre to act as mental welfare officers and training centre staff.

(b) Training

Staff are released from duty to attend at appropriate training conferences and courses whenever possible. One district mental welfare officer is at present on a one year course at Birmingham University for the diploma in applied social studies.

The medical superintendents of the psychiatric hospitals in the County continue to help with the training of mental welfare officers. The regular weekly meetings and clinical demonstrations at the hospitals continue and the council's staff have the benefit of attending whenever appropriate training courses are held for the hospital staff. This system of training is very satisfactory and I should like to express my grateful thanks to the medical superintendents and their staffs. So far as training centre staff is concerned, the council encourages all the trainees to apply for the appropriate diploma course and continue to send away staff each year. In 1966, two members of training centre staff successfully completed one year courses. In addition there are two members of staff in attendance at two year courses and two members in attendance at one year courses. During 1967 two members of staff will commence on one year courses and two on two year courses.

(3) Community Work

The emphasis now is on work within the community and officers have found this work greatly expanded. Details are given under the various headings.

4. Care of the Mentally Ill

(a) Admissions

In 1966 there were 1,232 admissions to psychiatric hospitals in the County, 988 of these were admitted as informal patients and 244 were detained for observation and treatment under the appropriate section of the Mental Health Act 1959. Discharges totalled 1,166 whilst 147 deaths occurred at the hospitals.

The number of admissions is less than in the preceding year (1,388), informal admissions comprising approximately 80% of all admissions.

(b) *Care and After-Care*

After-care in connection with mental illness is carried out by all the mental welfare officers. The volume of the work has continued to increase and the social aspect of the officers' work now far overshadows their statutory duty. The officers aim to provide a continuity of service by association with their patients before admission to hospital, during treatment and after discharge. An indication of the volume of work is given in the following table :—

<i>Referrals</i>	1966	1965
All sources	2,225	2,036

Visits

After-care of Mentally ill	10,923	9,525
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Since 1959, when integration of the mental welfare officers and the social work staff of the hospitals was first mooted, great strides have been made in providing a continuity of service for those who are mentally ill. This is kept constantly under review so as to achieve greater efficiency and a greater benefit to the patient.

5. *Care of the Severely Subnormal*

(a) *Cases and Hospital Care*

Severely subnormal patients continue to be reported through the usual methods of notification. Eighty-six new cases were reported during 1966. Forty-two of these were reported under the provisions of the Education Act 1944, and forty-four from other sources. Of the eighty-six cases, eight were admitted to hospital and the remainder were placed under supervision. In addition thirty-three patients on the waiting list were admitted to hospitals, making a total for the year of forty-one admissions.

549 Worcestershire patients were in hospital throughout the country at the end of the year. On the waiting list for admissions at the end of the year were 43 patients of whom 12 were regarded as urgent. Ten patients were discharged from hospital and three deaths took place during the year.

Applications for admission for temporary periods were again received and 36 patients were received into hospital so that parents and relatives could have a holiday or a respite from caring for the patients. Dr. Patterson of Lea Hospital has again been most helpful in providing accommodation for the majority of the applicants, quite often at very short notice.

Permanent admissions to hospitals of severely subnormal patients, are, for the most part, carried out informally.

(b) *Guardianship and Supervision*

Patients under Guardianship at the end of the year numbered two. These cases are visited by both medical and lay staff as required. The number of severely subnormal persons under supervision at the end of the year was 690. Patients continue to be reviewed and whenever the circumstances permit are deleted from the supervision list. During 1966 23 such cases were deleted from the list, whilst six patients died. The mental welfare officers, both male and female, and the health visitors, continue to visit the severely subnormal in the community (supervision, guardianship and leave of absence). The male officers supervise the male severely subnormal, the female officers the female severely subnormal over the age of five years, and the health visitors supervise all severely subnormal under the age of five years.

	1966	1965
Supervisory visits to the subnormal	3,112	3,048

(c) *Voluntary Associations*

The various voluntary welfare committees continue to work with the appropriate training centre in their locality.

(d) *Training and Training Centres*

At the end of 1966, 265 severely subnormal patients were receiving training. Twenty-three Worcester City cases continued to attend at the Worcester Junior Training Centre, 26 Warley cases at Netherend Training Centre, and one Birmingham case at the Redditch Adult Training Centre.

Children at all the training centres have been given outings to pantomimes by their respective voluntary welfare committees whilst services and Christmas parties were also held at the centres.

Increased use has been made of transport other than by ambulance during the year, *i.e.* small coaches, taxis, and private arrangements with parents.

A small temporary centre was opened in Evesham in January 1966, and 14 patients were attending at the end of the year.

The new junior training centre and adult training centre at Habberley Road, Kidderminster, were taken into use on 19th September when patients from The Elms Training Centre were transferred to the new buildings. Despite repeated advertisements, great difficulty had been experienced in appointing staff for the junior hostel but it was hoped to be able to take in the first residents by the end of January 1967.

A variety of contract outwork is now being undertaken at the Redditch and Kidderminster Adult Training Centres and also by the adult patients at Netherend Training Centre.

A new extension to the Netherend Training Centre has been built as a small domestic science unit for the adult patients and is in use. This unit has been made possible by a generous donation from the Rotary Club of Halesowen and will be formally opened early in 1967.

To ease the overcrowding at Netherend Training Centre, plans are going forward for the adult patients to remain at Netherend and for the juniors to be transferred to accommodation at Tenterfields, formerly used as a clinic, when the work of adaptation had been completed, probably in the latter half of 1967.

Environmental Health Services

by

R. Colenso, M.R.S.H., M.I.P.H.E., M.A.P.H.I.

County Public Health Inspector

Milk and Dairies Administration

The number of pasteurising dairies licensed by the County Council dropped from two to one, but in November a brand new plant was licensed which brought the total back to two. Similar reductions are taking place elsewhere in the country, as milk processing is generally becoming more concentrated.

On January 1st 1966, 203 pre-packed milk licences were issued, as the first five year licensing period ended on December 31st 1965. During the remainder of the year a further 36 licences were issued.

The number of producer/retailers of untreated milk in the County dropped to 29, most of whom sell only a small quantity of milk. In addition, a number of farmers from outside the County retail milk. Routine statutory and biological samples are taken. A Ministry circular, issued during the year, recommended that such biological samples should be taken monthly (it has been usual to do this quarterly but it was later considered that, except for the larger suppliers, a quarterly sample was sufficient). Twenty-three samples of milk which had failed to pass the statutory methylene blue reduction test were reported to the Ministry of Agriculture.

In October 1964 the Ministry lost its duties of licencing, taking samples of raw milk and applying the methylene blue test in cases where the milk was not being retailed from the producer's premises. (It was still responsible for registering the premises as a dairy farm). Sampling duties fell to the Milk Marketing Board and samples are normally taken either by the dairy or a Board's Officer at the receiving dairy. Two standards are in force, the ten minute resazurin test and the hygienic quality test. On the first test a consignment of milk may be rejected ; on the second test a price penalty may be enforced. In a report by the Board, 58 million gallons of milk—or 2.9 % of all wholesale sales—failed the hygienic quality test during April 1965 to March 1966, but price deductions were made on only 19 million gallons,—1 % of all wholesale sales. When sample results appear to make it necessary, field officers from the Board may visit farms. Where milk has been accepted by the receiving dairy it then becomes the responsibility of the licencing food and drugs authority and another test applies—the half hour methylene blue. Registration of the receiving dairy is still the responsibility of a local authority, which, in most cases, is not the food and drug authority.

The steady reduction in the number of dairy farms was continued during the year. It fell from 889 to 833 by December 31st. Together with this drop in producers there has been an increase in the number of farmers co-operating with a bulk collection system. Under this system farmers have a stainless steel refrigerated tank and the milk is pumped from this tank into a road tanker. The system appears to be working well and is generally welcomed by the farmer concerned. It appears to be an improvement on churn collection.

Samples of raw milk are taken by the department principally for biological examination. A methylene blue reduction test is also carried out as a matter of interest. During a three month period in 1967 it was noted that there were no methylene blue failures (non-official) on 44 samples taken from farm tanks or road tankers, but that there were 43 such failures from 184 churn samples.

Pasteurised Milk

Place of collection	No. taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void
Schools	274	274	—	255	5	14
Children's Homes	9	9	—	7	—	2
Old People's Homes ..	9	9	—	9	—	—
Hospitals	10	10	—	8	—	—
Dairies	11	11	—	9	—	—
Vending Machines, Shops and Roundsmen	828	828	—	659	1	69
Totals	1141	1141	—	947	6	85

Methylene Blue Test was not carried out on 103 samples.

Sterilised Milk

63 samples were collected—all passed the turbidity test.

Milk in Schools Scheme

Grade of Milk	Number of Schools supplied	
	L.E.A.	Private
Pasteurised	278	51
Untreated		1
	—	—
Total	278	52
	—	—

A census taken in September 1966 showed that in maintained schools 43,619 children were taking milk out of 56,422 present on the day of the census. This is 77.3 % compared with 78.1 % in the previous year. In non-maintained schools the number was 6583 out of 7044. This is 93.4 % compared with 92.6 % in 1965. (An allowance has been made in respect of schools affected by the boundary alterations which occurred on 1st April, 1966).

Frequent sampling is carried out and any failures or other complaints are investigated. 274 samples were taken at schools and all passed the statutory tests with the exception of 5 which failed to pass the methylenè blue test.

Antibiotics in milk

The investigation for the presence of antibiotics continued during the year. 194 samples were examined but these gave negative results.

Myco tuberculosis

No reports of tuberculosis in milk have been received.

Brucellosis

During 1966, 563 samples of milk were examined for brucellosis. The following table shows the position for each of the past six years :—

<i>Year</i>	<i>No. of samples examined</i>	<i>No. Negative</i>	<i>No. Positive</i>	<i>Tests Void</i>
1961	313	306	7 (2.2 %)	—
1962	169	168	1 (0.59 %)	—
1963	380	363	17 (4.5 %)	—
1964	448	424	11 (2.5 %)	13
1965	517	470	27 (5.22 %)	20
1966	563	534	25 (4.47 %)	4

Sixteen visits were made to farmers for individual sampling of 281 animals. These investigations are made only when a farmer agrees to remove any infected animals from his herd if and when this becomes economically reasonable to do so. The point is also made to the farmer that the infected animals should not be sold in the open market but rather sent for slaughter.

One farmer, with a large producer retailer round, changed over to pasteurised milk at the beginning of the year, as a number of his animals had been found to have been positive for brucella abortus. A Ministry circular during the year requested that samples should be taken monthly.

The news, which was announced towards the end of the year, that the Ministry of Agriculture was to start an eradication scheme in 1967 was generally welcomed. Local Authority associations had been pressing for this for many years. As a result, a number of farmers have approached the Department for a clearance prior to the Ministry scheme.

Efforts were made for the first time during 1966 to include milk from every registered farm, and it is hoped to complete the list of all farms during 1967.

Rickettsia Burneti

Organisms of *Rickettsia Burneti* or Q Fever were found in 94 samples of 588 milks which were examined biologically during the year.

The following are percentages of positive results reported in samples of untreated milk taken during the last six years :—

1961	..	..	..	7.7 %
1962	..	..	..	2.8 %
1963	..	..	..	12.7 %
1964	..	..	..	8.4 %
1965	..	..	..	9.4 %
1966	..	..	..	16.0 %

Milk Bottles

Cleanliness of milk bottles used in all dairies where licences had been issued.

Total	Sterile	No. of colonies developing on Agar at 37° C. in two days				Bacillus Coli present
		Less than 100	100– 600	600– 2000	over 2000	
29	4	16	9	—	—	—

Churn Rinses

Forty-one churn rinses were taken from two dairies. Of these, two were unsatisfactory.

Fresh Cream

In co-operation with Dr. R. J. Henderson, Director of the Public Health Laboratory Service, Worcester, an investigation into the bacteriological quality of cream had been commenced in 1964. By October 1965 the work was complete and a paper was prepared and published in September in the monthly bulletin of the Ministry of Health and the Public Health Laboratory Service. (It was later republished in other journals and references were also made to it, both in journals and newspapers).

The investigation showed that there was a need for improved standards in the production and handling of cream, and for amending legislation to bring in similar controls to those which apply to milk. The Health Committee resolved that the matter should be brought to the attention of the County Council's Association with a view to the matter being referred to the Ministry of Agriculture. It is understood that the Ministry has, however, taken an interest in the original report and that further investigations will be directed.

Water Supplies and Sewerage

Schemes submitted to the County Public Health Sub-Committee during 1966 :—

Observations have been given in support of the following schemes.

Sewerage Schemes

<i>District</i>	<i>Nature of Scheme</i>	<i>Estimated Cost</i> £
Evesham R.D.	Norton and Lenchwick sewerage scheme	68,750
	Badsey and District sewerage and sewage disposal—extensions on Silk Mill Lane Badsey ; Boat Lane, Offenham ; Murcot Turn, Wickhamford.	25,600
Martley R.D.	Bransford, Leigh Sinton, Powick and Malvern sewerage and sewage disposal scheme.	322,000
	Broadheath sewerage and sewage disposal	136,900
		£553,250

Water Supply Schemes

Bromsgrove R.D.	Extension of water main at Forhill	434
Redditch U.D.	Extension of water main Beoley Mill	1,177
Upton-on-Severn R.D.	Extension of water main, Ryalls Court Lane, Holly Green ..	463
		£2,074
Total Cost		£555,324

The following schemes have also received consideration :—

<i>Sewerage Schemes</i>		<i>Estimated Cost</i>
<i>District</i>	<i>Name of Scheme</i>	
		£
<i>Sewerage</i>		
Kidderminster R.D.	Blakedown, Churchill, Broome and Clent sewage disposal scheme—extend sewage disposal works at Blakedown and extend sewerage system.	140,000
Upton-on-Severn	Welland sewerage scheme.	
<i>Local Inquiries</i>		
Bromsgrove R.D.	Proposed extension of Hossill Lane sewage disposal works, Clent.	
Upton-on-Severn	Earls Croome and Baughton sewerage and sewage disposal.	

Schemes completed under the Acts

<i>Sewerage</i>	
Droitwich R.D.	Tibberton sewerage and sewage disposal.
Evesham R.D.	Kemerton and Overbury sewerage.
Kidderminster R.D.	Arley sewerage, Wolverley Road sewer, Wolverley.
Martley R.D.	Hallow and Sinton Green sewerage and sewage disposal.

Water supply

Bromsgrove R.D.	Holyoakes Cottage, Upper Bentley.
Droitwich R.D.	Hadley, Ombersley. Lineholt and Boreley, Ombersley. The Loggerheads, Hanbury. Elmbridge.
North West Worcester- shire Water Board	Nash End, Upper Arley, Tanwood Cross, Kings Green, Martley.

Fluoridation

As in previous years samples (116) of water from the Birmingham Elan supply were analysed for the proportion of added fluoride ion. All samples, which are of course in addition to those taken by Birmingham City and other authorities, were found to have not more than the permitted proportion.

Working Party on Gypsies

A working party was set up in 1966 to consider the special problems associated with the large number of gypsy and similar families in Worcestershire (The National survey in March 1965 had showed this county to be second only to Kent in the number of families). A county census, carried out in July by Public Health Inspectors (the second census which they had undertaken) showed an increase of $\frac{1}{3}$ above the national census figure. Representatives on the working party included members and/or officers with planning, education, police and public health interests.

In addition to discussion of the problem to be met in trying to deal with the situation caused by families squatting on the roadside and commons etc., evidence was received from farmers, landowners and interested organisations, including representations from county district councils. Even a gypsy was found who gave information as to his way of life and wishes of his people.

At the end of these deliberations a factual report was prepared. Amongst recommendations made were :—(1) Eight local authority sites (one per rural district) should be established. (2) Farmers who use gypsy labour should be urged, or if this proves unsuccessful, forced, to provide suitable caravan sites. On the report being presented to the County Council the Health Committee was given overall responsibility in the matter. The report was subsequently sent to the Ministry of Housing and Local Government and received favourable comment.

Annual Report of the County Welfare Officer for the Year 1966

To the Chairman, Aldermen and Members of the Worcestershire County Council

In presenting this report I should refer to the comprehensive report I prepared dated December 1966 giving an outline of progress made since 1948 in the social welfare services for the elderly, blind, partially sighted, general classes of physically handicapped persons and the deaf and hard of hearing, and a review of possible lines of development during the 10 years to 1977, a copy of such report having been sent to each member of the County Council. References were made to the position concerning the several services provided under the National Assistance Act 1948 during 1966 and having regard to the information then given I have made this annual report as brief as possible to avoid repetition.

I would like to take this opportunity to thank Mr. H. J. Tooby, Chairman of the Health Committee, Mr. J. G. Parker, Chairman of the Welfare Sub-Committee, the Members of the Sub-Committee and the Chairmen and Members of the Visiting Committees of the Council's Homes for Old People for their advice and support during the year.

Much deserved thanks are due to the members of the various voluntary organisations who have co-operated wholeheartedly in providing social services for the benefit of old, blind and other handicapped persons.

I also thank the members of my staff, head office, district social welfare officers and those at the County Homes for old people for their assistance during the year.

R. A. McDONALD

County Welfare Officer

County Welfare Department,
25a The Tything,
Worcester.

Telephone : Worcester 23400

National Assistance Act 1948

Residential Accommodation

The previous difficulty encountered in finding suitable sites for Old People's Homes continued during 1966 but there is every hope that a site will be acquired from Malvern Urban District Council. However, although a site had been purchased early in 1965 for a new purpose-built home in Evesham any start was out of the question until 1967/68, the Ministry of Health having intimated that they hoped to sponsor loan sanction for the project during that year. This delay cannot be reconciled with the Ministry's desire for the replacement and closure of each former Public Assistance Institution including joint-user establishments remaining in use as this cannot be done unless alternative accommodation is provided. These establishments are, of course, Heathlands, Pershore ; Laburnum House, Upton-upon-Severn, and the Council's reserved accommodation at Bromsgrove General Hospital ; Avonside Hospital, Evesham and Kidderminster General Hospital (Bewdley Road).

Some progress, however, was made during 1966 in the provision of additional residential accommodation to the extent that a start was made on extensions to Swinford Old Hall, Stourbridge, and the conversion of Areley House Hotel, Stourport-on-Severn, into a 44 bedded home. The extension at Swinford Old Hall will be ready by March 1967 but as the old building will have to be vacated to enable structural alterations to be carried out, additional beds will not be available there until the whole scheme is completed in the autumn of that year. By that time it is anticipated that the new home at Stourport-on-Severn will also be ready for occupation, and the County Council will then be in a position to reduce still further the number of beds reserved for their use in Kidderminster General Hospital (Bewdley Road) a Regional Hospital Board establishment.

A further review of the ten year plan for development of residential accommodation was made to cover the decade ending 31st March, 1977 and in this plan provision was made for 13 new purpose-built homes ranging from 30 to 45 beds which together with the new home at Stourport-on-Severn and the extensions at Swinford Old Hall, Stourbridge, would give 820 beds under the County Council's direct control within the period covered by the revised plan. During this period the reserved accommodation in the three " joint-user " establishments, the two former public assistance institutions at Pershore and Upton-on-Severn and a small home at Malvern would be closed and the result would be a net gain of 137 beds over the number currently available.

The provision of 820 beds by the 31st March, 1977 is regarded as a modest aim and there has been no change of circumstances since the previous ten year plan was prepared, to indicate that the total of 820 beds also put forward then needed to be amended. The growth of the social welfare services and in particular the degree to which housing authorities are co-operating in providing special housing schemes for the elderly, with a warden to exercise some kindly supervision over the old people, have led to this realistic conception of the need for residential accommodation during the next ten years.

Unfortunately, the Council's previous building programmes are well behind schedule, due mainly to the difficulty in obtaining suitable sites as mentioned before, and to the restrictions on capital expenditure as a result of governmental policies.

A great deal of leeway will, therefore, have to be made up if the proposed building programme is to be completed during the ten year period and although the target is a modest one it does even in favourable circumstances constitute a heavy commitment.

In addition to the carrying out of normal items of repair and maintenance, replacement of furniture and equipment etc. at the several county homes, a major improvement was completed during the year by the installation of a lift at Malvernbury, Malvern.

Applications for the Provision of Residential Accommodation

Statements are attached showing for the year ended 31st December, 1966 :—

- (1) the number and age groups of persons admitted to residential accommodation ;
- (2) the number of persons not admitted and the reasons therefor ;
- (3) the number of applications for the provision of temporary accommodation and how dealt with, and
- (4) an analysis of applications by districts

Generally, the numbers for 1966 vary only slightly from those for 1965 but it will be noted in particular that 132 aged and/or infirm persons living alone had to be admitted to the Council's homes because they were unable to carry on even with the help of statutory and voluntary services, representing an increase of 50 over the number admitted during 1965.

The number who had to be admitted because they were homeless included those in hospitals who for various reasons could not return home was 53 compared with 94 in 1965.

Increasing advantage has been taken over the years of the service provided for accommodating old people for short periods to enable relatives or friends looking after them to go on holiday or during periods of illness of relatives or friends. The drop from 91 in 1965 to 74 in 1966 was, therefore, unexpected. Every application in this respect was accepted and the decrease is not thought to have any significance.

Although there was an increase in the number of applications from families for temporary accommodation at Three Springs Hostel, Pershore, namely from 26 in 1965 to 31 in 1966, the number of families who had to be admitted was 4 fewer than in 1965.

It is interesting to note that 68.6% of persons admitted to the Council's homes during 1966 were 76 years of age and over as compared with 66.7% in 1965 and 64% in 1964. This is a continuation of the trend for the average age of new cases during the last few years admitted to the Council's welfare accommodation to increase. The development of the domiciliary services, statutory and voluntary, e.g. meals on wheels and meals in day and luncheon clubs, home help service, social clubs and visiting and the special schemes for the elderly with a warden to exercise a degree of kindly supervision of the old people has no doubt contributed towards this trend. In Worcestershire it is the policy to do everything possible to preserve the independence of old people by helping them to remain in their own homes as long as possible and although in particular the provision of wardens schemes for special housing for the elderly is considered to have the effect largely of preventing rather than delaying admission, nevertheless there is a fringe number of cases for whom residential accommodation has to be provided and whose average age now is greater than some years ago when the domiciliary services had not developed to their present extent.

Welfare of Residents

A very pleasing feature has been the ever increasing interest taken by groups of persons organised to promote the social welfare of the residents of the homes in their particular area. These "Friends" have done a great deal to augment the efforts of the staff to provide a variety of ways in which to help and entertain the old people in addition to other voluntary bodies and individuals regularly taking the old people for car rides and other outings.

Outings, as usual, were also arranged at the County Council's expense and also outings paid for out of the residents' own Comforts Funds. Some residents too spent a week's holiday at the seaside and quite a number went for short periods to stay with relatives or friends.

The chiropody and library services, including large print books specially for those with poor sight, were much appreciated by the residents and continue to prove of great benefit to them.

Special Housing for Old People—Warden's Schemes

I have referred elsewhere in this report to the degree of provision in the County of special housing for the elderly with a warden to exercise a kindly oversight of the old people as being one of several factors bearing on the conservative outlook taken in planning the number of additional beds in residential accommodation thought to be needed in the long term.

The value of this type of service for old people has received special attention in Worcestershire since the inception of "sheltered housing"—in the County in 1955 and the measure of co-operation given by housing authorities has resulted in Worcestershire occupying a high place amongst authorities making this provision.

At the end of 1966 there were 38 schemes in operation covering 1,057 units and accommodating 1,455 old people. It was originally anticipated that additional schemes would have been completed by the end of 1966 but they did not materialise for various reasons and these and other schemes discussed with housing authorities amounting to 9 may probably all be completed in 1967. From this will be gauged the extent of the continuing development of this provision.

Flashing Light Warning System

At the end of 1966 the flashing light system had been installed in 536 dwellings provided by district councils for old people and where the district councils considered it desirable that this type of warning system should be installed as the dwellings were not covered by a warden's scheme.

This system has proved its worth on a number of occasions in being the means of obtaining help in an emergency and apart from that it does give the old people a sense of security which is of great psychological value to them.

Electrically operated flashing lights are not generally provided in private dwellings occupied by elderly people because of the possible change of tenants not needing such a warning system. However, portable battery operated units are available for use by elderly persons living alone who are awaiting admission to county homes.

Old People's Welfare Committee

Six Old People's Welfare Committees have been constituted and are functioning in the undermentioned districts namely :—

Bromsgrove Urban District
Droitwich Borough
Evesham Borough
Malvern Urban District
Redditch Urban District
Stourport-on-Severn Urban District

These committees co-ordinate all types of voluntary work for old people in their areas and maintain close contact with statutory bodies concerned with the welfare of old people and also with the Borough or District Council initiating their formation.

If any properly constituted Old People's Welfare Committee requires financial assistance the County Council make an annual grant of up to £30 towards their administrative expenses.

Clubs for the Elderly

Four clubs had to close down during 1966 owing to loss of members, and as there were no less than 12 clubs including an open all day club in Oldbury which became part of the new Warley County Borough Council on the 1st April, 1966, there were 75 clubs in existence in the county at the end of the year as compared with 91 at the end of 1965.

The 75 clubs include 59 clubs for the elderly and 3 open all day clubs run by the W.R.V.S., 4 clubs and 1 open all day club run by the B.R.C.S. and 8 other clubs run by various voluntary organisations in the county. The policy of the W.R.V.S. to encourage their clubs to be self-supporting resulted in 4 further clubs becoming independent of financial assistance from the County Council during the year making a total of no less than 36 out of 59 clubs being able to manage without such assistance.

Although some clubs have had to close down due to loss of members mainly through deaths, there is no doubt that the clubs are a popular means of providing social contacts and companionship for elderly people attracted to the clubs and indeed many residents of the county homes find enjoyment in taking part in the activities of the clubs in their areas. The open all day clubs too provide an additional amenity in that the old people can obtain hot meals or snacks.

The members of the various voluntary organisations who devote a great deal of time and effort in running these clubs and organising activities and entertainments for their members are deserving of much praise.

Meals on Wheels and Meals in Day and Luncheon Clubs for the Elderly

During the year the meals on wheels service was extended to Bewdley Borough and some parts of the Droitwich, Pershore and Upton-upon-Severn Rural Districts additional to parts of the two latter districts being served previously. Assistance was rendered to the W.R.V.S. by arranging for meals to be supplied from 2 County Homes for the Elderly and the County Staff Canteen.

The total number of meals supplied during 1966 was 75,804 compared with 84,506 during 1965. This decrease is due to the transfer of Oldbury to Warley County Borough Council on the 1st April, 1966 but if the Oldbury figures are excluded for both years for purposes of comparison the number of meals during 1966 is 70,771 and 65,363 during 1965 which emphasises the development in the remaining areas of the county.

The number of mid-day meals provided at day and luncheon clubs during 1966 was 28,710 compared with 30,099 during 1965. Here again the decrease is due to the transfer of Oldbury as mentioned above and deducting the Oldbury figures gives the number of meals as 28,189 during 1966 and 28,113 during 1965 at those clubs remaining in the county.

Registration and Inspection of Disabled Persons and Old Persons Homes

At the 31st December, 1966 there were 24 private and voluntary homes for elderly and disabled persons registered by the County Council under Section 37 of the National Assistance Act 1948, providing accommodation for 379 persons. Three new homes were registered during the year but as one home closed down there were 2 registered homes at the end of the year additional to the 22 homes at the end of 1965.

The 24 homes comprise 2 voluntary homes for the elderly, 2 voluntary homes for handicapped persons and 20 private homes for the elderly.

In addition there are 2 homes run by the British Red Cross Society which are exempt from registration providing accommodation for 38 old people.

All registered homes were visited and inspected regularly to ensure that good standards of accommodation and services for the residents were maintained. The attention of the proprietors was drawn to any matters requiring attention in the interests of the residents and it was found that they were co-operative and amenable to advice.

Welfare Services for the Blind and Partially Sighted

1. Blind Persons

(a) Registration

The number of persons in the County registered as blind was 754 (309 men, 445 women) as at the 31st December 1966. The increase of 41 (19 men, 22 women) over the 1965 figure (excluding Oldbury) is, for the second year in succession, fairly substantial and appears particularly so following a period of some ten years during which the total number of registered blind persons was virtually stable. Again, however, the increase for the year is confined almost entirely to the older age groups.

There are now 18 children of school age registered blind, as in 1965, but 4 children under the age of 5 years on the 1966 register compared with only 2 in the previous year.

During the year under review 128 new registrations have been effected as against 100 (excluding Oldbury) in 1965. The fact that 85% of these were in respect of persons over 65 years of age, an even greater proportion than the 80% recorded for 1965, is a further pointer to the significance of the changing age structure of the register which has had reference in previous reports.

(b) Employment

The nearest sheltered workshops for Worcestershire residents are in Birmingham and Wolverhampton and they were mostly used by workers living in the former borough of Oldbury who are no longer a County responsibility. There are now only 4 blind persons (3 men, 1 woman) on the Worcestershire register engaged in this form of sheltered employment.

In the Council's Homeworkers' Scheme the number of blind persons engaged has decreased from 16 (excluding Oldbury) in 1965 to 15 in the current year. All the workers concerned are earning more than the minimum amounts required for the various trades, mostly by a considerable margin. Only 2 of the homeworkers are over 60 years of age and this form of provision for the employment of blind persons seems certain to retain a useful place in the overall pattern for the foreseeable future, and especially so in the rural areas where there is a lack of any viable alternative. During the financial year to the 31st March 1966 the monetary value of transactions involving goods and materials was £6,425. Continued emphasis was laid on the quality of goods produced and a high standard of assistance to workers in obtaining contracts and outlets for finished goods was maintained.

The retail shop in The Tything made an encouraging contribution towards the turn-over of goods for both blind and other handicapped persons. Sales income for the year to 31st March amounted to £1,780 showing a gross profit of £392 (28 % on cost). This represents an increase of more than 140 % on the previous year's sales figure.

48 persons are employed in ordinary conditions, that is in competitive employment within normal commerce and industry, and without any form of subsidy from the Council. The comparative figure for 1965 excluding Oldbury is 45 so that the welcome tendency for this type of employment to show comparative gains within the field of employment generally has been maintained.

(c) General Social Welfare

Social Welfare Officers for the Blind visited blind persons on the register throughout the year dealing with the usual wide range of welfare needs and giving particular attention to newly blind people. An average of one or two newly blind persons normally attend residential social rehabilitation courses each year in either Bridgnorth or Torquay at Royal National Institute for the Blind Centres and with financial assistance from the County Council. There were no such cases in 1966 but the Social Welfare Officers for the Blind have as their main aim a programme of domiciliary rehabilitation, and this is indeed an essential component of field work even where a residential course is arranged.

Braille and Moon instruction was provided as required and full use made of the services of the National Library for the Blind. In 1966 there were 35 regular readers in Worcestershire in respect of whom the Council made a grant of £3 per head per annum to the National Library. The service to blind readers themselves is entirely free of charge.

Close co-operation with the Worcestershire Association for the Blind continued both at Committee level and in the field, especially in the running of the six voluntary social clubs in the County. The Association, which includes Worcester City, and since the 1st April 1966, the new County Borough of Warley within its area, provided holiday grants as needed and maintained the distribution of free wireless sets from the British Wireless for the Blind Fund. The Fund introduced during the year a new model transistor set which has proved very successful and demand for wirelesses generally in Worcestershire has been fully met.

2. Partially-Sighted Persons

The number of persons on this register at the end of 1966 was 114, (54 men and 60 women). The appropriate comparative figure for 1965 excludes Oldbury and is 115, giving a practically unchanged number for the year. This is in very sharp contrast to a consistent pattern of growth which has been evident since the first introduction of the partially-sighted register. However, it would be premature in the extreme to draw any conclusion on the evidence of a single year.

The total includes 33 persons registered in Class A (near and prospectively blind), 20 persons in Class B (mainly industrially handicapped) and 56 persons in Class C (requiring observation only). All these categories comprise persons aged 16 years and over. The remaining 5 persons on the register are children of school age.

Although a number of specialist services available to the blind are inappropriate for partially-sighted persons, the welfare provision made for the registered partially-sighted is, in the main, along the same lines and particularly so where there is near or prospective blindness. In a number of instances however help is better provided under the scheme for the generally handicapped.

The Social Welfare Officers have visited throughout the year, paying special attention to the " follow-up " visits following registration, which are designed to play their part in the all-important aim of ensuring action wherever treatment is recommended by the ophthalmologist.

3. Register of Blind and Partially-Sighted Persons

(a) Incidence of Blindness

During 1966 the number of Forms B.D.8 completed in respect of persons over school age (excluding Oldbury) was 151, viz. males—55, females—96, as compared with 122 in 1965. Of these 124 were certified blind, 18 partially-sighted and 9 not blind or partially-sighted. The examinations were carried out by 21 ophthalmologists and in 36 cases domiciliary visits were necessary. There were 3 re-examinations—1 person who was previously partially-sighted was certified blind, 1 was again certified partially-sighted and 1 not blind or partially-sighted, previously being certified blind.

Of the 148 new cases dealt with during the year the sources of reference were as follows :—

(a) General Practitioners	6
(b) Other medical sources (mainly ophthalmologists)	75
(c) Ministry of Social Security	41
(d) Other lay sources (welfare officers, neighbours, etc.) ..	26

(b) Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability							
	Cataract		Glaucoma		Macular Degen		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(i) Number of cases registered during year in respect of which Section F(1) of Forms B.D. 8 recommend								
(a) No Treatment	11	2	14	1	22	2	27	8
(b) Medical	—	1	5	—	5	1	14	1
(c) Surgical	16	2	—	—	—	—	4	—
(d) Optical	1	—	1	—	—	—	4	—
(ii) Number of cases at (i) (b), (c), (d) above, which on follow up action have received treatment	11	2	6	—	5	1	20	1

General Classes of Handicapped Persons

(1) Registration

The number of persons registered as at the 31st December 1966 was 1,215 (584 men, 631 women). The comparative total figure for 1965 excludes Oldbury and is 1,068. This increase of 147 during the year under review is almost the same as in the previous year and is a continuation of an established trend which certainly points the need for expanded provision.

The total figure comprises 91 persons (63 boys, 28 girls) under the age of 16 years ; 691 persons (378 men, 313 women) aged 16 to 64 years, and 433 persons (143 men, 290 women) over 65 years of age.

Major handicaps involved are recorded in accordance with international usage. 423 of the persons registered in Worcestershire—nearly a third of them—have some form of organic nervous disease and this group is closely followed by that for arthritis and rheumatism comprising 361 persons.

(2) Structural Alterations and Aids

The main emphasis in structural alterations has again been on the provision of drives and ramps. A range of internal structural adaptations has also been an important feature of the year's work particularly in respect of toilet arrangements.

Aids provided have ranged from small gadgets costing only a few shillings to items such as bath safety rails, toilet seat aids and self-lift chairs costing several pounds. As previously, there has been much valuable co-operation from the British Red Cross Society in this field and a number of Old People's Welfare Committees has helped the elderly handicapped by the loan of aids.

Provision as a whole has increased. In 1965 the Council spent £450 on structural alterations and aids provided through the Welfare Department. During 1966 the comparative figure was £585. Most of the aids have been issued on " permanent loan."

(3) *Centres and Outwork for the Handicapped*

Encouraging progress has been made in the expansion of the outwork scheme. The temporary centre at Pershore is now open on three days each week and a second temporary centre was opened during the year in Halesowen initially for one day each week. 50 handicapped persons make use of one or other of the centres. In addition 15 handicapped persons unable to attend are provided with work at home.

Although the work provided is remunerated at a proper trade rate, mainly on a contract basis, with this factor particularly stressed for its rehabilitation value, there is no doubt that the centres have also proved their value in fulfilling the roles of informal social clubs.

The special transport vehicle equipped with an hydraulic lift has been fully utilised throughout 1966. In view of the waiting list of some 200 disabled persons desiring domiciliary outwork and the dependence of the scheme on transport, both for this purpose and for conveyance to centres, the Welfare Sub-Committee meeting in December approved the purchase of a second light 'bus with special equipment.

(4) *Social Activities*

Pastime handicraft work distinct from the type of work arranged under the outwork scheme, maintained its popularity and the Department's Craft Instructor, who made visits on average to 20 handicapped people weekly, gave instruction and assisted in the disposal of finished products.

The number of social clubs for the handicapped is the same as in 1965, namely 10. Seven of these are run by the British Red Cross Society and three by the Women's Royal Voluntary Service.

These two voluntary bodies also co-operated again with the Welfare Department this year in providing the annual week's group holiday for the disabled. Co-ordination was effected by a member of the Department's staff and a grant of £5 per handicapped person was made by the County Council. The Welfare Sub-Committee agreed in December that the grant should be increased to £6 per head to absorb rising costs.

In 1966 the holiday was held at Westward Ho ! (14th to 21st May) for the third year in succession and was attended by 143 disabled people accompanied by 118 personal helpers and 2 members of the Welfare Department's staff. In addition 45 disabled persons and 34 helpers from the former Oldbury part of Warley County Borough were included in the party.

(5) *Disabled Drivers*

170 Worcestershire drivers are now in possession of the identification badges which are designed to assist them to overcome parking or other difficulties involved in their use of motorised invalid carriages or specially adapted vehicles. During 1966 a total of 20 badges was issued to newly approved applicants.

(6) *Admissions to Homes*

As at the 31st December 1966, the number of handicapped persons (excluding the Blind and Deaf) in Homes was as shown in the following table. Categories and definitions accord with the annual return to the Ministry of Health.

							County Homes Worcestershire	Other L.A. Homes	Voluntary Homes
(a) (a) Physically Handicapped									
Aged		..	..	..	..	..	161	—	6
Non-aged		..	..	..	..	..	14	2	9
							—	—	—
							175	2	15
							—	—	—
(b) Mentally Handicapped									
Aged		..	..	..	..	..	89	—	—
Non-aged		..	..	..	..	..	25	—	—
							—	—	—
							114	—	—
							—	—	—

Comparison with the figures for 1965 shows little change in the case of the physically handicapped but there has been a substantial increase in the number of mentally handicapped in the "aged" group. This particular figure for 1965 was 55 (54 in County Homes in Worcestershire, 1 in a Voluntary Home). The 1966 figure, therefore, represents an increase over 1965 of 62%. The 1966 total figure of 114 mentally handicapped persons in County Homes is also a very considerable proportion of the total number of residents in the County Homes (over 17% of an average 680 places).

Deaf and Hard of Hearing Persons

(1) Registration

The number of persons on the respective registers at the 31st December 1966 was 67 (31 men, 36 women) Deaf with speech ; 52 (26 men, 26 women) Deaf without speech, and 280 (109 men, 171 women) Hard of Hearing.

In the case of the two groups, Deaf with speech and Hard of Hearing approximately half the persons registered are over 65 years of age and comparatively few are under the age of 16 years. The disabilities are indeed of a kind most likely to occur in adult and probably late adult life. In contrast, the incidence of Deafness without Speech is spread fairly evenly through all age groups and some 35% of those registered are under 16 years of age.

It is not possible to make any meaningful comparison with last year's figures. Following the integration during 1966 of services for the Deaf and Hard of Hearing with those for other classes of Handicapped Persons a thorough review of the register previously maintained by the Worcestershire and Herefordshire Association for work amongst the Deaf has led to a great many deletions and re-classifications of categories.

(2) General

The field staff of the Welfare Department now undertake regular visiting of persons registered and the Voluntary Association continues provision of general and specialist welfare services. One officer from the Welfare Department is undertaking in-service training in the field of deaf welfare with the co-operation of the Voluntary Association and with a view to taking a recognised formal training course.

STATISTICAL TABLES

TABLE " A "

NOTIFICATION OF INFECTIOUS DISEASES

County District	Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Poliomyelitis		Tuber- culosis		Diphtheria including membranous croup	Smallpox	Meningococcal Infection	Acute Encephalitis		Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Acute pneumonia (primary or influenzal)	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Anthrax	T O T A L
				Paralytic	Non-paralytic	Respiratory	Other				Infective	Post-infectious										
URBAN																						
Bewdley Borough ..	5	—	69	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	78
Bromsgrove ..	22	15	166	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	232
Droitwich Borough ..	3	—	9	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16
Evesham Borough ..	—	—	27	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29
Halesowen Borough ..	30	10	200	—	—	7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	263
Kidderminster Borough ..	38	—	274	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	320
Malvern ..	9	21	442	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	477
Oldbury Borough ..	8	9	54	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	101
Redditch ..	19	26	396	—	—	12	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	461
Stourbridge Borough ..	15	10	347	—	—	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	402
Stourport on Severn ..	25	3	337	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	376
Total Urban Districts ..	174	94	2321	—	—	47	5	—	—	—	1	—	25	1	25	49	1	—	7	5	—	2755
RURAL																						
Bromsgrove ..	17	14	153	—	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	195
Droitwich ..	9	—	132	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	147
Evesham ..	1	4	70	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	79
Kidderminster ..	8	—	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	81
Martley ..	7	3	123	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	146
Pershore ..	—	—	110	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	112
Tenbury ..	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
Upton upon Severn ..	14	—	59	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	75
Total Rural Districts ..	56	21	717	—	—	13	3	—	—	—	1	—	2	1	—	25	—	—	2	2	—	843
Administrative County ..	230	115	3038	—	—	60	8	—	—	—	2	—	27	2	25	74	1	—	9	7	—	3598
Administrative County 1965 ..	260	56	3845	—	—	94	16	—	—	—	—	1	68	1	23	87	8	—	22	12	1	4498

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF WORCESTER

Causes of Death	All Ages		Under 4 weeks		4 weeks and under 1 year		1—4 Years		5—14 Years		15—24 Years		25—34 Years		35—44 Years		45—54 Years		55—64 Years		65—74 Years		75 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES	2517	2385	45	49	22	16	16	9	17	1	49	11	25	22	66	43	198	119	489	275	718	500	872	1332
1. Tuberculosis, respiratory ..	7	2															2	1	1		4	1		
2. Tuberculosis, other ..	2	2							1									1	1			1		
3. Syphilitic disease ..	5	4															1		1	1		4	1	
4. Diphtheria ..																								
5. Whooping Cough ..																								
6. Meningococcal infections ..	1																							
7. Acute Poliomyelitis ..																								
8. Measles ..	2	1																						
9. Other infective and parasitic diseases ..	3	6									1								1	1			3	
10. Malignant neoplasm, stomach ..	58	50											1		3		3	2	15	6	18	15	18	27
11. Malignant neoplasm, lung ..																								
12. Malignant neoplasm, breast ..	188	25							1								20	9	62	7	81	6	21	2
13. Malignant neoplasm, uterus ..	1	94															1	14		27	17		26	
14. Other malignant and lymphatic neoplasms ..		32											1					10	8		7		6	
15. Leukaemia, aleukaemia ..	243	179						1	3		5	1	3	5	10	5	20	16	53	38	70	48	79	65
16. Diabetes ..	13	12							2			1	1	1	1	1	1	1	1	3	2	3	6	
17. Vascular lesions of nervous system ..	15	21													4					3	7		10	
18. Coronary disease, angina ..	337	417									1				1	7	14	12	43	36	105	96	171	266
19. Hypertension with heart disease ..	521	355											1	1	16	1	51	7	130	50	180	94	143	202
20. Other heart disease ..	31	43															1	1	7	4	11	14	12	24
21. Other circulatory disease ..	242	386										2	2	2	3	4	15	13	26	15	45	47	151	303
22. Influenza ..	84	106										1	1		2	1	8	1	15	10	22	22	36	72
23. Pneumonia ..	22	24													1	2	2	2	1	1	6	6	12	15
24. Bronchitis ..	126	159									4		1		2	2	6	3	19	14	27	24	56	105
25. Other diseases of respiratory system ..	203	78									1		1		2		17	2	46	7	71	23	65	45
26. Ulcer of stomach and duodenum ..	18	17									1				3		3	1	7	2	3	1	3	8
27. Gastritis, enteritis and diarrhoea ..	25	15											2				2	1	6		10	6	5	8
28. Nephritis and nephrosis ..	13	10									1													
29. Hyperplasia of prostate ..	15	10									2	1			1		3		1	1	4	1	2	8
30. Pregnancy, childbirth, abortion ..	21																		2	3	5	4	3	2
31. Congenital malformations ..		1												1										
32. Other defined and ill-defined diseases ..	15	20																	1		1			
33. Motor vehicle accidents ..	174	213									10	2	1	6	8	5	11	15	26	24	28	36	48	84
34. All other accidents ..	59	25									20	2	5	1	3	2	9	4	9	6	7	5	2	3
35. Suicide ..	57	64									1		3	1	3	1	5	1	13	5	8	9	12	42
36. Homicide and operations of war ..	16	13									2		2		3		2	2	4	3	1	6	1	2
		1										1												

TABLE “ D ”

Dental Services for Expectant and Nursing Mothers and Children under 5 years

PART A. ATTENDANCES AND TREATMENT

Number of Visits for treatment during Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	385	99
Subsequent Visits	186	157
Total Visits	571	256
Number of Additional Courses of Treatment other than the First Course commenced during year	12	3
Treatment provided during the year—		
Number of Fillings	443	135
Teeth Filled	434	127
Teeth Extracted	596	125
General Anaesthetics given	159	9
Emergency Visits by Patients	31	0
Patients X-rayed	1	3
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	24	62
Teeth Otherwise Conserved	79	
Teeth Root Filled		1
Inlays		0
Crowns		6
Number of Courses of Treatment Completed during the Year	349	61
PART B. PROSTHETICS		
Patients Supplied with F.U. or F.L. (First Time)	8	
Patients Supplied with Other Dentures	11	
Number of Dentures Supplied	38	
PART C. ANAESTHETICS		
General Anaesthetics Administered by Dental Officers	152	
PART D. INSPECTIONS		
	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections		
During Year	691	93
Number of Patients in A and D above who required Treatment	420	84
Number of Patients in B and E above who were Offered Treatment	384	78
PART E. SESSIONS		
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :		
For Treatment	154	
For Health Education	41	

Table “ E ”

NURSING SERVICES—STAFF ACCOMMODATION

Premises	Location			Type of Accommodation											
				Houses				Bungalows		Flats					
	Urban	Rural	Total	Bedrooms			District Room facilities	Garage available	Bedrooms		District Room facilities	Garage available			
				1	2	3			1	2			1	2	
<i>County Council owned :</i>															
1. Purpose built ..	43	25	68	—	23	63	—	1	1	4	—	4	—	4	4
2. Purchased ..	11	9	20	—	2	12	—	1	—	4	2	6	2	6	6
<i>Rented from :</i>															
1. District Councils	4	4	8	—	—	4	—	—	—	1	3	—	1	1	1
2. Nursing Associations etc.	6	4	10	—	2	5	—	—	—	3	2	5	3	5	5
TOTALS ..	64	42	106	—	27	84	—	2	1	12	7	15	12	7	16

Table “ F ”

DIPHTHERIA IMMUNISATION—RETURN FOR YEAR ENDED 31st DECEMBER, 1966.

District	Completed Primary Courses.						Total	Re-Inforcing Doses						
	Year of Birth.							Year of Birth.						
	1966	1965	1964	1963	1959-62	Others Under 16		1966	1965	1964	1963	1959-62	Other Under 16	Total
Bewdley Borough	33	41	—	1	4	1	80		5	23	2	57	61	148
Droitwich Borough	56	83	6	—	—	2	147		22	48	7	148	126	351
Evesham Borough	64	99	8	3	8	1	183		41	79	10	164	74	368
Halesowen Borough	246	507	31	9	8	3	804		69	162	27	406	315	979
Kidderminster Borough	205	246	5	6	73	8	543		40	94	21	304	452	911
Oldbury Borough to 3.13.66	—	166	16	6	23	2	213		1	22	15	190	190	418
Stourbridge Borough	380	378	30	8	27	—	823		114	166	25	599	277	1181
Bromsgrove Urban	271	393	43	5	29	5	746		118	264	34	595	302	1313
Malvern Urban	167	245	36	9	11	5	473		49	109	24	338	166	686
Redditch Urban	232	431	21	13	25	3	725		139	173	32	286	30	660
Stourport-on-Severn Urban	100	117	5	4	6	—	232		27	52	5	170	150	404
Bromsgrove Rural	157	390	31	8	14	3	603		62	201	40	461	342	1106
Droitwich Rural	69	122	4	1	7	62	265		21	67	13	118	44	263
Evesham Rural	76	118	4	5	5	—	208		38	109	14	174	60	395
Kidderminster Rural	46	79	1	—	7	1	134		22	46	6	106	136	316
Martley Rural	73	121	6	2	13	1	216		24	61	14	142	61	302
Pershore Rural	84	138	3	3	11	—	239		45	84	15	221	135	500
Tenbury Rural	15	21	1	—	—	1	38		3	8	2	51	45	109
Upton-un-Severn Rural	72	140	11	2	9	2	236		27	49	7	35	71	289
TOTALS	2346	3835	262	85	280	100	6908	—	867	1817	313	4665	3037	10699

Table 'G'

SMALLPOX VACCINATION—ANNUAL RETURN FOR YEAR ENDED 31st DECEMBER, 1966

District	No. of Children Vaccinated						No. of Children Re-Vaccinated									
	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL
Bewdley Borough			1	1	43	10	5	60							18	18
Droitwich Borough			1	21	98	21		141							8	8
Evesham Borough		1		11	144	14	10	180						1	20	21
Halesowen Borough		6	20	46	390	98	16	576							—	—
Kidderminster Borough		1	3	33	317	70	16	440							3	3
Oldbury Borough to 31.3.66		1	2	10	54	9	4	80							—	—
Stourbridge Borough	4	2	20	25	450	73	19	593						1	6	7
Bromsgrove Urban	5	21	28	9	543	126	43	775						8	55	63
Malvern Urban	35	9	10	14	184	29	6	287						2	52	54
Redditch Urban			1	5	359	160	27	552						4	6	6
Stourport Urban				12	179	31	7	229							15	19
Bromsgrove Rural	4	10	12	9	359	138	23	555						5	25	30
Droitwich Rural	2	2	3	13	120	23	1	164							6	6
Evesham Rural ..		1	2	24	129	24	6	186							11	11
Kidderminster Rural	2			6	72	26	8	115						1	13	14
Martley Rural		3	1	15	133	14	5	167						1	46	47
Pershore Rural			3	36	110	26	9	187						1	7	8
Tenbury Rural ..	2	8	5	12	18	9		54						1	1	1
Upton-on-Severn Rural		2	8	19	132	10	3	174						1	3	4
TOTALS	54	67	120	321	3834	911	208	5515						26	294	320

Table " H "

WHOOPING COUGH IMMUNISATION—RETURN FOR YEAR ENDED 31st DECEMBER, 1966

Completed Primary Courses

YEAR OF BIRTH

DISTRICT	1966	1965	1964	1963	1959-62	Others under 16	TOTAL
Bewdley Borough	33	40	—	1	2	—	76
Droitwich Borough	55	82	6	—	—	2	145
Evesham Borough	49	78	3	1	—	—	131
Halesowen Borough	232	478	30	8	3	3	754
Kidderminster Borough ..	201	236	4	6	13	—	460
Oldbury Borough to 31.3.66		163	16	6	6	—	191
Stourbridge Borough	372	363	29	7	11	—	782
Bromsgrove Urban	260	384	43	4	13	3	707
Malvern Urban	158	237	35	6	7	5	448
Redditch Urban	231	430	21	13	21	2	718
Stourport-on-Severn Urban ..	100	116	5	4	1	—	226
Bromsgrove Rural	144	371	27	7	7	—	556
Droitwich Rural	66	120	3	1	3	61	254
Evesham Rural	60	112	3	3	5	—	183
Kidderminster Rural	44	76	1	—	—	—	121
Martley Rural	73	119	5	1	7	1	206
Pershore Rural	81	134	3	3	9	—	230
Tenbury Rural	15	21	1	—	—	—	37
Upton-on-Severn Rural ..	71	139	11	2	9	2	234
TOTALS	2245	3699	246	73	117	79	6459

TETANUS IMMUNISATION—RETURN FOR YEAR ENDED 31st DECEMBER 1966

Table "J"

DISTRICT	Completed Primary Courses Year of Birth						Total	Reinforcing Doses Year of Birth						Total
	1966	1965	1964	1963	1959-62	Others Under 16		1966	1965	1964	1963	1959-62	Others Under 16	
Bewdley Borough	33	41	—	1	4	1	80		5	23	2	57	61	148
Droitwich Borough	56	83	6	—	—	2	147		22	48	7	144	125	346
Evesham Borough	64	99	8	3	8	1	183		41	79	10	164	73	367
Halesowen Borough	246	507	30	9	13	11	816		69	162	27	405	304	967
Kidderminster Borough ..	205	246	5	6	156	9	627		40	95	22	302	452	911
Oldbury Borough to 31.3.66	—	166	16	6	68	72	328		1	23	18	125	57	224
Stourbridge Borough	380	376	30	8	27	—	821		114	166	25	532	248	1085
Bromsgrove Urban	271	393	43	5	70	12	794		118	264	33	576	175	1166
Malvern Urban	167	245	36	9	11	6	474		49	109	22	316	139	635
Redditch Urban	232	431	22	13	52	5	755		139	173	32	284	17	645
Stourport-on-Severn Urban	100	117	5	4	6	—	232		27	52	5	170	150	404
Bromsgrove Rural	157	390	31	8	58	19	664		61	199	39	452	195	946
Droitwich Rural	69	122	4	1	8	62	266		21	67	13	116	44	261
Evesham Rural	76	118	4	4	5	—	207		38	109	14	173	62	396
Kidderminster Rural	46	79	1	—	11	1	138		22	46	6	106	136	316
Martley Rural	73	121	6	2	11	1	214		24	61	14	143	75	317
Pershore Rural	84	138	3	3	11	—	239		45	84	15	213	86	443
Tenbury Rural	15	21	1	—	—	1	38		3	8	2	51	45	109
Upton-on-Severn Rural ..	72	140	11	2	9	2	236		27	49	7	125	64	272
TOTALS	2346	3833	262	85	528	205	7259		866	1817	313	4454	2508	9958

Table “ K ”

AMBULANCE SERVICE
CASES CONVEYED AND MILEAGE COVERED BY AMBULANCE, HOSPITAL AND HIRE CARS

Month	A. AMBULANCE				B. HOSPITAL CARS				C. HIRE CARS			
	Cases		Miles		Cases		Miles		Cases		Miles	
	1965	1966	1965	1966	1965	1966	1965	1966	1965	1966	1965	1966
January	10416	11314	57140	63333	2073	2616	24384	27923	1392	1204	16599	10500
February.. .. .	10450	10894	56492	60644	2185	2294	24269	23242	1704	1083	14148	8056
March	12086	13133	67823	67192	2107	2828	25069	31210	1823	1339	14257	10627
April	9914	8753	58472	54186	1694	2290	19841	24978	1295	677	13173	6184
May	11398	10771	62878	61492	2088	2686	23298	30673	1687	775	14235	6753
June	11281	10848	61475	58630	1836	2830	18070	32964	1669	772	14429	7283
July	11745	9990	64894	56925	2401	2553	24522	31618	1373	926	12103	7500
August	8314	8399	55610	54696	2177	2593	22611	30069	1140	904	9611	8173
September	11362	9801	61318	55350	2335	2591	26050	31478	1270	1008	10508	9285
October	11484	10193	63896	57013	2478	2785	25128	33942	960	963	8169	7657
November	12746	10950	67306	60053	2863	2697	28722	34556	1384	937	11240	7574
December	11693	10037	66074	59386	2724	2461	28456	29154	1472	814	12739	6329
Total ..	132889	125083	743378	708900	26961	31224	290320	361807	17169	11402	151211	95921

Table “ L ”

AMBULANCE SERVICE
VEHICLES AND DRIVER ATTENDANTS
ESTABLISHMENT AS AT 31st DECEMBER 1966

Ambulance Station	No. of Vehicles	Driver/Attendants	
		Whole-time	Part-time
Bromsgrove	7	15	
Control (H.Q.)	2	4†‡	
Evesham	5	15	
Halesowen	6	15	
Kidderminster	7	16†	
Malvern	6	15	
Pershore *	1		3
Redditch	5	15	
Stourbridge	5	15	
Tenbury *	1		3
Wythall	1		Agency
Hayley Green Hospital ..	2		1
Total	48	110	7

*PERSHORE AND TENBURY : During the hours between 8 a.m. and 5.30 p.m. Monday to Friday and 8 a.m.—12.30 p.m. on Saturday, the Ambulance Service is operated on an agency basis. The part-time men taking over at nights and weekends.

‡Including one relief deputy supervisor.

†Including County Relief Driver Attendants.

Table “ M ”

Convalescent homes used during 1966

Name of Home	Males	Females	Total
Inglenook Convalescent Home, Weston-super-Mare	22	68	90
Elm Lodge, Weston-super-Mare	2	9	11
The Birches, Redditch	3	20	23
Mrs. Saunders, 24 Park Avenue, Worcester	1	—	1
Mrs. Hannay, Heatherbrae, 79 Ombersley Road, Worcester	8	13	21
Bowling Green House, Bromsgrove	—	1	1
St. Luke's Convalescent Home, Exmouth	—	4	4
Bearbank, Grange-over-Sands, Lancs.	—	1	1
Birmingham Hospital Saturday Fund, Kewstoke, Weston-super-Mare	—	2	2
Rest Bay, Porthcawl	—	4	4
The Laurels, Bromsberrow	—	2	2
Resthaven, Exmouth	1	1	2
Hateley St. George, Malvern	—	2	2
St. Tudno, Llandudno	—	2	2
Henwick Grange, Worcester	—	1	1
Mrs. Hanbury, Malvern Link	1	—	1
	38	130	168

Tuberculosis

TABLE I

Tuberculosis Rates/1000 Population

Years	Notifications	Deaths
1920—24	1.52	0.92
1925—29	1.44	0.80
1930—34	1.46	0.78
1935—39	1.23	0.63
1940—44	0.96	0.55
1945—49	0.85	0.48
1950—54	0.87	0.23
1955—59	0.58	0.10
1960—64	0.31	0.05
1965	0.23	0.02
1966	0.15	0.03

TABLE II

Notification and Death Rates in Districts 1966

Population*	District	Notification rate per 1000 population	Death rate per 1000 population	Total Cases notified	Total Deaths
5,600	Bewdley Borough	0.54	0.00	3	0
38,140	Bromsgrove Urban	0.08	0.05	3	2
8,860	Droitwich Borough	0.11	0.00	1	0
13,050	Evesham Borough	0.15	0.00	2	0
48,630	Halesowen Borough	0.20	0.00	10	0
44,540	Kidderminster Borough	0.13	0.00	6	0
28,210	Malvern Urban	0.11	0.00	3	0
13,690†	Oldbury Borough	0.29	0.07	4	1
36,780	Redditch Urban	0.35	0.03	13	1
49,750	Stourbridge Borough	0.12	0.02	6	1
14,310	Stourport-on-Severn Urban	0.00	0.07	0	1
37,400	Bromsgrove Rural	0.18	0.05	7	2
14,830	Droitwich Rural	0.07	0.14	1	2
18,460	Evesham Rural	0.16	0.00	3	0
12,400	Kidderminster Rural	0.00	0.16	0	2
12,970	Martley Rural	0.23	0.00	3	0
19,550	Pershore Rural	0.10	0.00	2	0
5,350	Tenbury Rural	0.00	0.00	0	0
14,850	Upton-on-Severn Rural	0.07	0.07	1	1
437,370	Whole County	0.15	0.03	68	13

* A boundary change occurred during 1966. †Weighted figure applicable to 31st March 1966 only.

Table “ O ”

Venereal Diseases—Statistical Table

The following information has been supplied by the hospitals at which the patients attended :—

Treatment Centre				Number of new Worcestershire cases in year			
				Syphilis	Gon.	Other conditions	Total
Worcester	..	..	..	4	29	159	192
Birmingham	..	..	..	5	34	121	160
Dudley	..	..	..	—	27	84	111
Totals 1966..				9	90	364	463
	1965	..		23	102	374	499
	1964	..		9	94	391	494
	1963	..		10	64	311	385
	1962	..		12	44	284	340
	1961	..		14	64	283	361
	1960	..		11	57	196	264
	1959	..		13	27	250	290
	1958	..		18	37	165	220
	1957	..		17	34	190	241
	1956	..		16	33	230	279
	1955	..		16	31	191	238
	1954	..		34	29	247	310
	1953	..		46	61	285	392
	1952	..		53	78	271	402
	1951	..		54	44	259	357
	1950	..		42	52	279	373
	1949	..		68	98	311	477
	1948	..		105	111	350	566
	1947	..		104	142	450	696

Table 'P'

APPENDIX

Application for Provision of Residential Accommodation during the Year Ended 31st December, 1966

Persons Admitted to Residential Accommodation	Age Groups							Total
	Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95
1. Aged and/or infirm—living alone who in the opinion of their doctor were in need of more care and attention than was or could be made available to them in their homes	5	10	23	38	33	20	2	1
2. Aged and/or infirm—living with friends or relatives unable to continue to care for them	3	10	14	19	26	13	—	1
3. Aged and/or homeless (includes persons in hospital who were admitted after the possibility of them returning to their previous residence had been explored), and persons of 'no fixed abode'	4	8	14	13	9	3	2	—
4. Physically handicapped (non-aged)	5	—	—	—	—	—	—	—
5. Mentally handicapped (non-aged)	—	—	—	—	—	—	—	—
6. Short stay cases temporarily unable to remain with friends or relatives because of illness or holidays	1	6	7	10	26	15	8	1
TOTALS ..	18	34	58	80	94	51	12	3
								350 (355)

Included in the above table were 22 (13) persons who were admitted direct from mental hospital.

Re-admissions and transfers—in addition to the above 78 (72) persons were re-admitted to residential accommodation from hospital and 31 (23) persons were transferred from one home to another in order to be nearer friends or relatives or to provide accommodation suited to their needs.

NOTE : Figures in brackets are for the year ended 25th December 1965, and are shown for comparison.

Application for Provision of Residential Accommodation (Contd).

Persons Not Admitted to Residential Accommodation	Age Groups							
	Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95
								Total
1. Not considered eligible	3	12	22	6	3	6	1	—
2. Found to be too ill for residential accommodation and arrangements made for admission to Regional Hospital Board accommodation.. .. .	1	5	33	10	17	5	4	—
3. Need met by domiciliary, health and social services ..	—	—	11	8	2	4	1	—
4. Application withdrawn—Alternative arrangements made by or on behalf of applicant e.g. assisted in finding alternative accommodation with friends, relatives or in private homes registered by the County Council	—	18	32	24	30	18	2	1
5. Visited—advice only given	2	19	34	13	10	10	2	—
TOTAL	6	54	131	61	62	43	10	1
								369 (382)

In addition 10 (12) persons were visited on behalf of other authorities.
NOTE : Figures in brackets are for the year ended 25th December, 1965 and are shown for comparison.

Table "Q"

Application for the Provision of Temporary Accommodation during the Year Ended 31st December, 1966

	Reason for Application	Admitted	Number of Family Units	
			Not Admitted	Total Applications
1. Evicted owing to rent arrears from council houses	2 (-)	6 (2)	8 (2)
2. Evicted owing to rent arrears from private houses	- (1)	1 (2)	1 (3)
3. Evicted on grounds of nuisance from council houses	- (-)	1 (-)	1 (-)
4. Evicted on grounds of nuisance from private houses	- (-)	- (-)	- (-)
5. Evicted from service tenancy after dismissal from employment	1 (1)	5 (-)	6 (1)
6. Evicted from service tenancy after resignation from employment	1 (1)	- (-)	1 (1)
7. Evicted from service tenancy because employee unable to continue service due to incapacity	- (-)	- (-)	- (-)
8. Evicted from furnished rooms	- (4)	1 (1)	1 (5)
9. Evicted by relatives/friends	2 (4)	1 (-)	3 (4)
10. Evicted by reason of unauthorised sub-tenancy	- (-)	- (-)	- (-)
11. Homeless (accommodated overnight and left before investigation could be made)	..	- (-)	- (-)	- (-)
12. Fire, flood or other emergency	- (-)	- (1)	1 (2)
13. Advice only required	- (-)	1 (2)	1 (2)
14. Others	4 (3)	4 (3)	8 (6)
		11 (15)	20 (11)	31 (26)

The analysis for 1965 is shown in brackets.

The 11 families accommodated comprised 0 men, 11 women and 33 children compared with 15 families consisting of 0 men, 15 women and 29 children during the year ended 25th December, 1965.

Applications during the year were received from 20 family units comprising 17 men, 20 women and 60 children for the provision of temporary accommodation but were not admitted compared with 11 family units comprising 9 men, 11 women and 22 children during the year ended 25th December, 1965.

Analysis of Applications by Districts for 1966

Districts				Residential Accommodation			Temporary Accommodation		
				Admitted	Not Admitted	Total	Admitted	Not Admitted	Total
Bewdley Borough ..	..	..	..	4 (4)	7 (3)	11 (7)	- (-)	- (1)	- (1)
Bromsgrove Urban ..	..	..	..	21 (17)	12 (29)	33 (46)	1 (2)	- (1)	1 (3)
Bromsgrove Rural ..	..	..	..	14 (15)	10 (37)	24 (52)	- (-)	2 (-)	2 (-)
Droitwich Borough ..	..	..	..	8 (7)	7 (12)	15 (19)	- (-)	- (1)	- (1)
Droitwich Rural ..	..	..	..	5 (10)	10 (16)	15 (26)..	- (2)	2 (1)	2 (3)
Evesham Borough..	..	..	..	22 (17)	6 (10)	28 (27)	1 (2)	- (-)	1 (2)
Evesham Rural ..	..	..	..	13 (15)	13 (17)	26 (32)	1 (-)	2 (-)	3 (-)
Halesowen Borough ..	..	..	..	27 (40)	28 (26)	55 (66)	1 (-)	2 (-)	3 (-)
Kidderminster Borough ..	..	..	..	29 (42)	53 (36)	82 (78)	- (-)	1 (-)	1 (-)
Kidderminster Rural ..	..	..	..	9 (8)	9 (13)	18 (21)	- (-)	- (-)	- (-)
Malvern Urban ..	..	..	..	32 (29)	48 (48)	80 (77)	- (-)	1 (-)	1 (-)
Martley Rural ..	..	..	..	8 (11)	15 (15)	23 (26)	2 (-)	1 (-)	3 (-)
Oldbury Borough ..	..	..	..	5 (23)	17 (20)	22 (43)	- (5)	1 (3)	1 (8)
Pershore Rural ..	..	..	..	16 (9)	23 (17)	39 (26)	- (-)	4 (-)	4 (-)
Redditch Urban ..	..	..	..	24 (14)	18 (27)	42 (41)	- (2)	- (-)	- (2)
Stourbridge Borough ..	..	..	..	56 (41)	32 (19)	88 (60)	1 (-)	2 (1)	3 (1)
Stourport Urban ..	..	..	..	11 (14)	5 (14)	16 (28)	- (-)	1 (1)	1 (1)
Tenbury Rural ..	..	..	..	5 (4)	8 (3)	13 (7)	- (-)	- (-)	- (-)
Upton-upon Severn Rural ..	..	..	..	22 (22)	25 (13)	47 (35)	- (2)	1 (-)	1 (2)
Districts Not in County ..	..	..	..	12 (6)	19 (15)	31 (21)	3 (-)	- (1)	3 (1)
No fixed abode ..	..	..	..	7 (7)	4 (4)	11 (11)	1 (-)	- (1)	1 (1)
				350 (355)	369 (394)	719 (749)	11 (15)	20 (11)	31 (26)

Figures for 1965 are shown in brackets.

Table " R "

Construction of New Houses up to 31st December, 1966 (From 1st April, 1945)

The following table shows the number of new houses built in each area of the County during the past twenty-one years (1st April, 1945 to 31st December, 1966).

District	Estimated population mid-1966	Dwellings under construction at end of period				Dwellings Completed				Total completed since 1.4.45	Houses in clearance areas and unfit houses elsewhere		
		Local authorities	Other public sector	Private sector	Public and private	Local authorities	Other public sector	Private sector	Public and private		Included in orders confirmed	Demolished or closed 1.1.66 to 30.9.66	In Clearance Areas Elsewhere
<i>Boroughs</i>													
Bewdley ..	5,600	61	19	156	236	—	—	—	—	689	—	—	—
Droitwich ..	8,900	76	4	11	191	39	—	12	51	1425	—	—	11
Evesham ..	13,100	2	—	15	17	—	—	69	69	1,570	—	—	14
Halesowen ..	49,400	314	10	268	592	54	—	411	465	5888	21	69	7
Kidderminster ..	44,500	191	4	278	473	130	—	329	459	5,654	54	4	3
Stourbridge ..	50,500	71	8	238	317	209	34	545	788	6,794	4	16	42
<i>Urban Districts</i>													
Bromsgrove ..	38,100	28	14	183	225	28	—	131	159	5,185	—	9	4
Malvern ..	28,200	—	—	208	208	98	3	158	259	3,402	—	—	12
Redditch ..	36,700	30	10	24	64	30	28	147	205	5,208	18	12	12
Stourport-on-Severn	14,300	21	11	146	178	28	—	57	85	2,576	—	—	10
<i>Rural Districts</i>													
Bromsgrove ..	35,800	90	—	271	361	63	—	236	299	5,488	—	—	9
Droitwich ..	14,800	41	10	94	145	26	—	133	159	1,380	—	—	—
Evesham ..	18,500	—	1	146	147	26	—	166	192	2,059	—	—	4
Kidderminster ..	12,400	14	1	40	55	8	—	26	34	1,474	—	—	7
Martley ..	13,000	20	2	57	79	16	—	87	103	1,331	—	—	6
Pershore ..	19,500	30	—	157	187	2	—	113	115	2,404	—	—	7
Tenbury ..	5,400	18	—	32	50	16	—	20	36	327	—	—	—
Upton-on-Severn ..	14,800	41	—	78	119	12	—	119	131	1,487	—	—	4

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